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ANNUAL REPORT

OF THE

Medical Officer of Health

AND

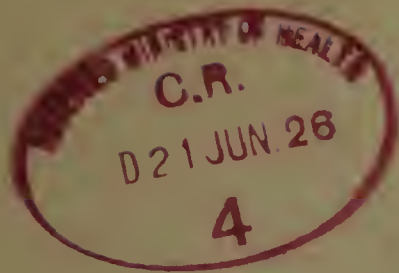
School Medical Officer,

BOROUGH OF CHESTERFIELD.

For the Year ending 31st December, 1925.

By R. P. GARROW, M.D., D.P.H.

CHESTERFIELD:
BALES & WILDE, GLUMAN GATE,
1926.



970

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BALES & WILDE, GLUMAN GATE,
1926.

Borough of Chesterfield.

Health Committee, 1925-1926.

THE MAYOR (Alderman H. Cropper, J.P.).

Chairman :

Alderman W. HAWKSLEY EDMUNDS, O.B.E., J.P.

Vice-Chairman :

Alderman T. W. LACK, J.P.

Members :

Ald. CROSSLEY,	Coun. HATTON,
„ HOLDEN,	„ KNIGHT,
„ SIMS, J.P.,	„ VIOLET MARKHAM,
Coun. MARY ASHMORE,	„ McCREA,
„ BLANCHE EASTWOOD,	„ PHILPOTT,
„ GRAHAM,	„ WICKS.
„ HARRISON,	

Borough of Chesterfield.

Maternity and Child Welfare Committee, 1925-1926.

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„ BLANCHE EASTWOOD,	„ PHILPOTT,
„ GRAHAM,	„ WICKS.
„ HARRISON,	

Co-opted Members.

Mrs. HALL,	Mrs. VARLEY,
„ HARRISON,	Mr. T. ALLSOP.
„ H. P. SHORT,	

VOLUNTARY WORKERS AT THE CLINICS.

- Mrs. BARKER, 41, Sterland Street, Chesterfield.
Mrs. CALWAY, Manor House, Brimington, near Chesterfield.
Miss CHARLESWORTH, Newbold Road, Chesterfield.
Mrs. W. H. EDMUNDS, Scarsdale House, Gladstone Road,
Chesterfield.
Mrs. GRATTON, 42, Newbold Road, Chesterfield.
Mrs. ADAMS, Devonshire Avenue, New Whittington.
Mrs. HILLIARD, 101, South Street, New Whittington.
Mrs. MARSDEN, Gladstone Road, Chesterfield.
Mrs. MAYCOCK, 43, Sterland Street, Chesterfield.
Mrs. MIDDLETON, Brampton Manor, Chesterfield.
Mrs. PEARSON, Red House, Stonegravels, Chesterfield.
Mrs. ROBINSON, Field House, Chesterfield.
Miss SHORT, 9, Church Lane, Chesterfield.
Mrs. SHORT, Linden Avenue, Chesterfield.
Miss SANDERS, Somersall Hall, Chesterfield.
Mrs. SIMS, 61, Wellington Street, New Whittington.
Mrs. STATON, Ingledene, Brookside, Chesterfield.
Mrs. SWALLOW, Oakfield Avenue, Chesterfield.
Miss TAYLOR, Avondale Road, Chesterfield.
Mrs. TUCKER, The Cedars, Newbold Road, Chesterfield.
Miss WALKER, Woodside, Chesterfield.
Mrs. WARD, Devonshire Avenue, New Whittington.
Miss WILLOUGHBY, The Settlement, Chesterfield.

SUMMARY OF STATISTICS, 1925.

Area (acres)	...	...	...	...	...	...	8,468
Population (1925)	...	...	...	...	...	...	65,800
Number of inhabited houses (1921)	...	...	...	...	...	...	12,260
Number of families or separate occupiers (1921)	...	...	...	...	...	...	12,972
Rateable Value	...	...	...	...	...	...	£243,494
Product of a Penny Rate	...	...	...	...	...	...	£905

Births:—

				Total.	M.	F.
Legitimate	...	...	...	1414	704	710
Illegitimate	...	...	...	74	34	40
Birth Rate, 22.6.						

Deaths	...	...	...	...	776	430	346
Death Rate, 11.8.							

Number of women dying in, or in consequence of childbirth:—

From sepsis ... 0

From other causes ... 1

Deaths of Infants under one year of age, per 1,000 births:—

Legitimate, 72 Illegitimate, 108 Total, 74

Deaths from Measles (all ages)	...	...	...	...	8
Deaths from Whooping Cough (all ages)	...	...	...	...	12
Deaths from Diarrhoea (under 2 years of age)	...	...	...	...	5

To the Mayor, Aldermen and Councillors of the Borough of
Chesterfield.

Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health of the Borough of Chesterfield for the year 1925.

In December, 1921, the Minister of Health directed that, in future, the Annual Reports of Medical Officers of Health should be of two kinds, namely, "**Ordinary Reports**," giving each year the vital statistics and certain other essential information as to housing and health conditions of the district during the year under review, and "**Survey Reports**" issued every fifth year giving the details of the vital statistics of the preceding year, together with a more comprehensive survey of the progress made during the quinquennial period. This plan has the great advantages of economy of time and money on ordinary Annual Reports, and of providing an opportunity of making a general review of the health of the district every five years, summarising the progress made during that period.

This Report for 1925 is the first of these "Survey Reports," and in its preparation I have followed the arrangements of contents set out in Circular 648 of the Ministry of Health, dated 10th December, 1925.

The last Borough Extension was effected in November, 1920, so that the quinquennium under review corresponds with the first five years in the history of "Greater Chesterfield."

The period has been one of unparalleled activity and development in practically every direction in the work of the various Committees of the Corporation in matters affecting the Public Health.

As the Public Health activities of a Corporation are no longer concerned only with the **environment** of the population, but extend in several directions into the domain of **personal** hygiene, it may be well to summarise under these two heads the chief developments of the five yearly period 1921—25.

1. Progress in Environmental Hygiene.

(a) Housing.

No fewer than 1719 new houses have been built in the Borough since 1920.

(b) Abolition of Slums.

The chief slum of Chesterfield, the "Low Pavement Area," has been wiped out and the tenants of its 99 houses moved into 102 new houses on the St. Augustine's Housing Estate.

(c) Street Improvements.

A large number of important street widenings and improvements have been carried out (a list of which will be found in this Report). Some of these have involved the demolition of old insanitary dwellings.

(d) Schools.

New Public Elementary Schools of open-air type have been erected at Jawbones Hill and Old Road.

(e) Open Air Spaces.

A number of open air spaces and playing grounds for the children have been provided.

(f) Water Supply.

Important results have been achieved in finding underground sources of supplementing the water supply.

(g) Sewerage and Sewage Disposal.

Important new sewers have been laid down, and a new Sewage Disposal Works is nearing completion.

(h) Scavenging.

A cleansing department has been created under a Cleansing Superintendent for the more efficient collection and disposal of house refuse and for street cleansing.

(i) Privy Conversions.

Practically the whole town has been converted from the conservancy system to the water carriage system of sewage disposal.

(j) Abolition of Fixed Ashpits.

Hand in hand with the privy conversions there has also been carried out the substitution of portable ashbins for fixed ashpits.

2. Progress in Personal Hygiene.

(a) School Medical Work.

In 1921 a new School Clinic was opened at 59, Saltergate, with departments for the treatment of minor ailments, defective vision, and defective teeth. A part-time School Dentist and a second full-time School Nurse were appointed at the same time.

An Assistant Medical Officer was appointed in 1922 to devote half her time to School Medical work and half to Maternity and Child Welfare work.

(b) Maternity and Child Welfare Work.

Maternity Home.—In 1922 the new Maternity Home and Infants' Hospital was opened. The Maternity Home has been a great boon to the district, and is so much appreciated that the infants' wards had to be closed in September, 1925, to make room for the maternity cases seeking admission.

Clinics.—The concentration of the Infant Welfare Clinics and Ante-natal Clinic in the same building as the Maternity Home has increased the efficiency and volume of the work in all these departments.

(c) Borough Welfare Work.

A particularly noteworthy development of the last five years, and more especially of the last two years, has been the great extension of voluntary social effort under the auspices of the Borough Welfare Committee of the Corporation. This department works in close co-operation with the Health Department, and it is a pleasure to me to record the value from the health point of view of the efforts of the Secretary and her office staff, the Visiting Nurses, and the Voluntary Workers.

The above short résumé of work, further details of which will be found in the body of the Report, indicates in the aggregate a big effort towards the social amelioration, improved health, and increased happiness of the citizens of this Borough.

Those participating in this effort—Members of the Corporation, the staffs of Corporation departments, and voluntary workers associated with the various Committees will probably desire no better acknowledgment and thanks than to know that, so far as vital and mortal statistics can tell, their efforts have achieved a measure of success never before attained in the history of their town.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

R. P. GARROW.

NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH OF CHESTERFIELD.

The area of the Borough is 8,468 acres and its population at the Census of 1921 was 61,232. Its estimated population for 1925 is 65,800 (Registrar-General).

The number of inhabited houses at the Census of 1921 was 12,260 and the number of families or separate occupiers was 12,972. The rateable value in 1925 was £243,494 and the product of a penny rate was £905.

Physical Features and General Character of the Area.

The old town is built on a low hill surrounded by higher hills, giving the general appearance of its being situated in a shallow basin. The Borough extension of November, 1920, included the whole of the floor of the basin and part of its gently sloping sides. The lowest point in its area is on the north-eastern boundary where the River Rother flows from the Borough into the Parish of Staveley. This point is only about 200 feet above sea level. The low hill in the centre of the basin reaches a height of 400 feet at the village of Newbold. The highest altitude in the Borough is 600 feet—on its northern boundary above Old Whittington. The hills surrounding Chesterfield rise to a height of 734 feet on the north at Apperknowle, 700 feet on the south at Wingerworth Bole Hill, 1,078 feet at Stonedge, 450 feet on the east at Brimington Common, and on the west to 1,168 feet at Harwood Grange, 976 feet at Wadshelf and 1,009 feet at Pudding Pie Hill.

Streams.

The River Rother flows through Chesterfield from south to north close to its eastern boundary. It receives on its eastern side the Spital Brook and on its western side the River Hipper (which in turn receives the Holme Brook), and the River Whitting (which receives the River Drone). The waters of these small streams are discoloured and polluted by effluents chiefly those pumped from collieries in the district.

The undulating nature of the surface and the surrounding hills make it possible to see green fields from every street, even from the narrow streets in the densely populated parts near the centre of the town—a distinct advantage from the health point of view. Again, the town is within easy reach by road of some of the most beautiful scenery in England—Derbyshire's famous hills and dales on the west towards the Peak, which is twenty-four miles distant; and on the east

lovely landscapes of an entirely different character in the Dukeries and Notts Forest, some ten to twelve miles away. The present cheapness and speed of road transport bring this exquisite scenery within the reach of even the poorest inhabitants of the town.

Social Conditions and Chief Occupations.

Chesterfield is the natural, social, commercial and shopping centre of the important coal-mining, industrial and agricultural district of North-East Derbyshire, comprising the Rural Districts of Chesterfield, Clowne and Blackwell, and the Urban Districts of Baslow, Bolsover, Brampton and Walton, Clay Cross, and Dronfield. The total estimated population of this district, including Chesterfield Borough, is 240,906.

The number and variety of the industries carried on in Chesterfield are considerable. The Census return of 1921, County of Derby, Table 16, gives details of the occupations of persons of both sexes aged 12 years and over in the Borough of Chesterfield. The following are the chief occupations in order of numerical importance:—

Mining Occupations	...	...	...	...	5,319
Metal Workers	...	...	...	...	4,084
Commercial, Finance and Insurance (excluding Clerks)	...	...	...	...	2,178
Transport and Communication	...	...	...	...	1,980
Personal Service	...	...	...	...	1,933
Clerks and Draughtsmen	...	...	...	...	1,199
Builders, Bricklayers, Stone and Slate Workers, Contractors	...	...	...	...	924
Professional Occupations	...	...	...	...	850
Workers in Wood and Furniture	...	...	...	...	785
Makers of and Workers in Paper, Printers, Bookbinders and Photographers	...	...	...	...	772
Textile Workers	...	...	...	...	767
Makers of Bricks, Pottery and Glass	...	...	...	...	706
Makers of Textile Goods and Articles of Dress...	...	...	...	...	622
Stationary Engine Drivers, Dynamo and Motor Attendants	...	...	...	...	488
Warehousemen, Storekeepers and Packers	...	...	...	...	384
Agricultural Occupations	...	...	...	...	367
Persons employed in Public Administration and Defence	...	...	...	...	313
Makers of Foods, Drinks and Tobacco	...	...	...	...	310

In addition there is a long list of occupations in each of which the number of persons employed is under 300.

The chief bearing of occupation on health in Chesterfield is in regard to accidents. Miners and metal workers, who are in the majority, are specially liable to serious injury. This is

well provided for by the Chesterfield and North Derbyshire Royal Hospital, which admits cases of accident not only from the Borough of Chesterfield, but from the North-East Derbyshire coalfield generally.

Density of Population.

The population within the Borough is very irregularly distributed over its 8,468 acres. The chief aggregation of population is towards the centre of the "Old Borough" round the Market Square and within half a mile thereof. Holmebrook Ward, with a population of 5,740 (Census, 1921) has 41.9 persons per acre, Central (6,400 population) has 29.1 per acre, and Trinity (5,838 population) 26.2 per acre. In the outer portions of the Borough, Moor Ward, with a Census population of 6,021, has 18.5 persons per acre. The remaining eight wards have all under 10 persons per acre. The lowest is Newbold, geographically the centre of the Borough since the extension of 1920, with a population of 4,522 and a density of 2.1 persons per acre.

Overcrowding—Statistics of Census, 1921.

According to the Census return of 1921, there were 12,260 structurally separate dwellings occupied and 12,972 private families. The difference is 712, which means that there were about 1,400 families sharing houses. The number of new houses built in the five years 1921/25 is 1,719, but in spite of this building activity there are still large numbers of families living two or more in one dwelling, and "more houses" remains the most urgent health problem in the town.

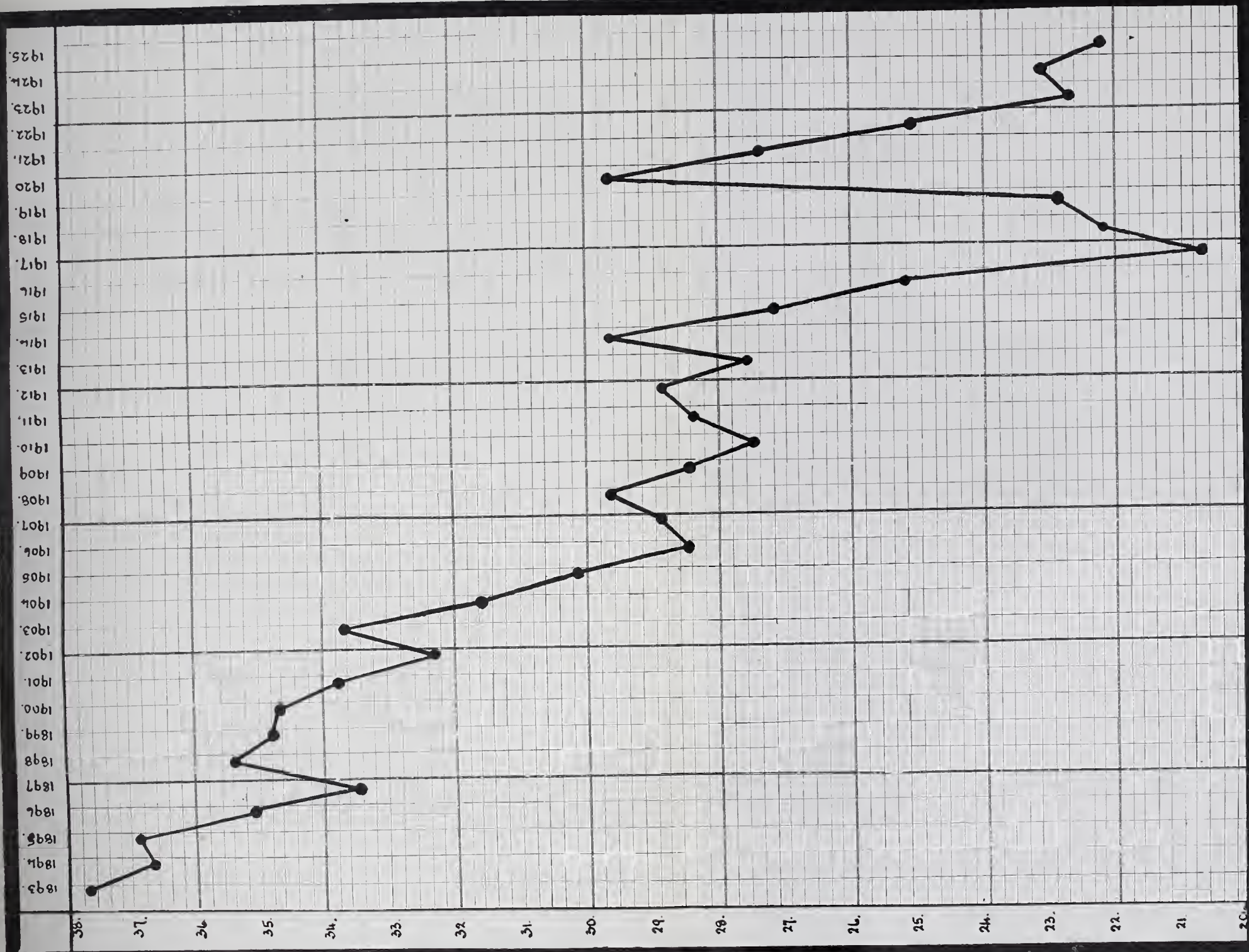
Vital Statistics.

The birth rate for 1925 was 22.6. The chart of annual birth rates in Chesterfield from 1893 to 1925 published in this Report shows a progressive fall from 37.9 in 1893 to 20.6 in 1917 (an abnormally low figure accounted for to a considerable extent by war conditions). This was followed by a post-war rise to a maximum of 29.6 in 1920, after which there has been a steady fall to the present figure of 22.6.

The death rate for 1925 was 11.8, and a glance at the chart of annual death rates from 1893—1925 shows clearly the favourable position of the quinquennium 1921/25.

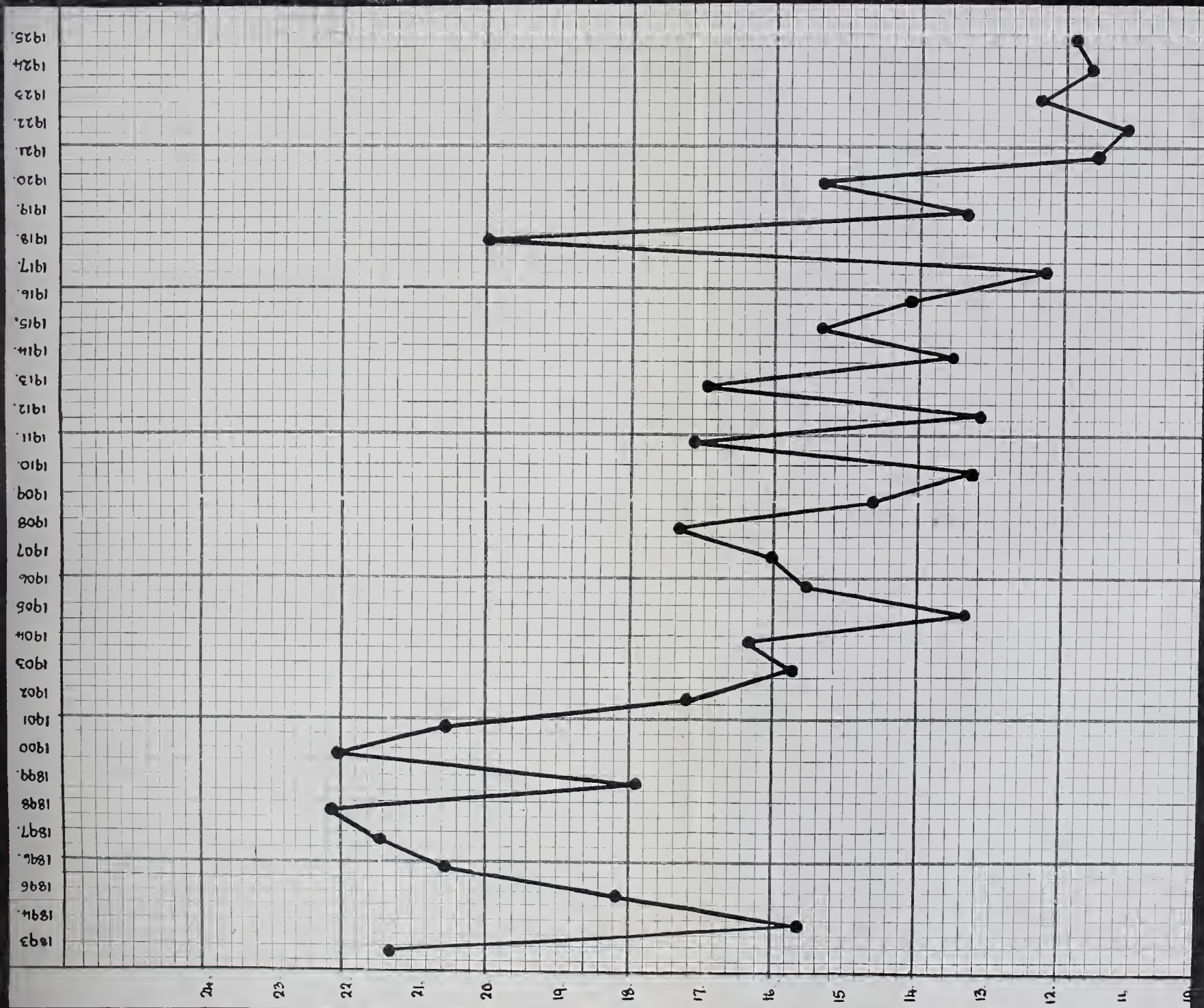
The infant mortality rate for 1925 was 74, and here again on the chart of infant mortality rates from 1893—1925 the last five years occupies a position incomparably superior to that of any previous quinquennium. Not only are death rates and infant mortality rates much lower—they are more stable and not subject to the wide fluctuation of previous years—a fact suggesting that the chief causes of disease and death are coming more completely under our control.

Chart showing Birth Rates 1893 - 1925



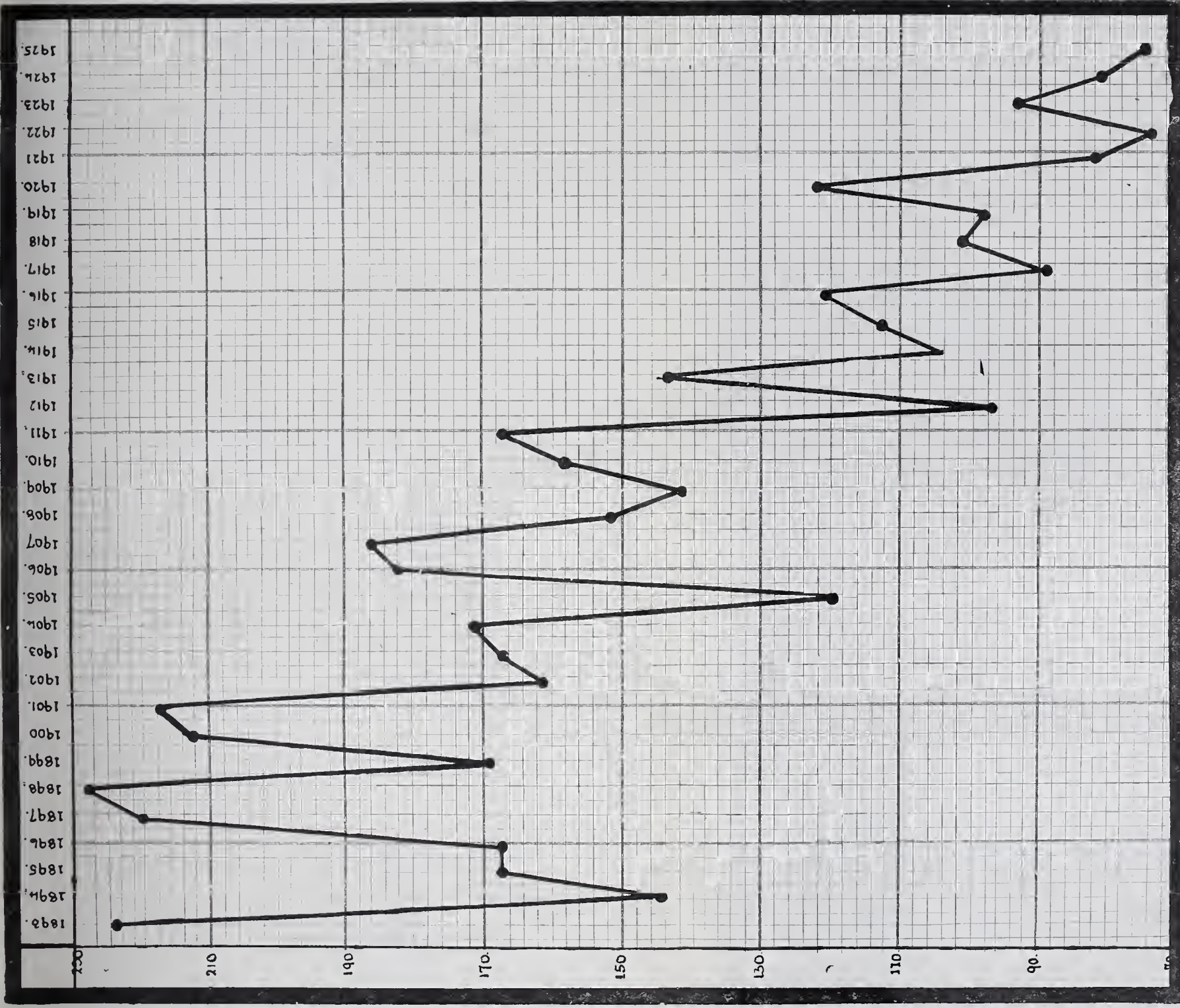
The Birth Rate in Chesterfield, which fell to the abnormally low figure of 20.6 in 1917 on account of war conditions, rose to 29.6 in 1920, but has fallen again to 22.6 in 1925.

Chart shewing Death Rates 1893 - 1925



This Chart of Death Rates in Chesterfield from 1893 to 1925 indicates in a striking way the low figures of the 1921-25 quinquennium compared with those of previous years.

Chart shewing Infant Mortality Rates 1893 - 1925.



The favourable position of the last five years compared with any previous five year period is clearly seen in this Chart of Infant Mortality Rates in Chesterfield from 1893 to 1925.

Birth-rate, Death-rate and Analysis of Mortality during the year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	BIRTH-RATE PER 1,000 TOTAL POPULA- TION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 BIRTHS		PERCENTAGE OF TOTAL DEATHS			
		All Causes	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under Two years)	Total Deaths under One year	Causes of Death certi- fied by Registered Medical Practitioners	Inquest Cases	Uncertified Causes of Death
England and Wales ...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns, including London ...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000 to 50,000) ...	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London ...	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Chesterfield ...	22.6	11.8	0.00	0.01	0.12	0.01	0.18	0.15	0.10	0.5	10.7	74	88.1	7.1	4.8

Causes of Death, 1921-1925.

Causes of Death.	1921 Number		1922 Number		1923 Number		1924 Number		1925 Number	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
ALL CAUSES	377	339	394	311	407	376	399	350	420	346
Enteric Fever	...	1	...	1	...	2	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	1*
Measles... ..	2	...	...	1	7	9	6	2	4	4
Scarlet Fever	...	1	...	2	...	...	...	...	...	1
Whooping Cough	4	3	7	7	2	4	2	...	4	8
Diphtheria	3	2	4	3	...	...	1	2	5	5
Influenza	9	5	9	7	15	17	10	11	3	4
Encephalitis Lethargica	1	...	1	...	...	...	...	3	2	4
Meningococcal Meningitis... ..	...	...	1	...	...	...	...	...	...	...
Tuberculosis of Respiratory System	26	25	22	27	27	29	26	23	37	25
Other Tuberculous Diseases	5	11	6	11	5	6	6	11	5	7
Cancer, Malignant Disease	27	30	24	27	26	45	38	27	33	23
Rheumatic Fever	1	...	3	2	1	...	1	...	4	2
Diabetes	2	6	3	1	1	2	3	2	3	2
Cerebral Hæmorrhage, &c.	12	19	29	28	21	35	29	28	28	33
Heart Disease	36	32	38	36	39	43	41	53	58	44
Arterio-sclerosis	7	9	9	3	13	6	14	8	7	10
Bronchitis	34	27	38	32	32	34	43	27	32	25
Pneumonia (all forms)	32	30	39	24	44	24	26	31	50	29
Other Respiratory Diseases	8	...	6	1	9	3	3	3	3	3
Ulcer of Stomach or Duodenum	3	1	3	...	3	2	2	2	5	1
Diarrhœa, &c. (under 2 years)	17	6	5	1	4	4	3	2	2	3
Appendicitis and Typhlitis	5	2	...	...	3	1	5	3	3	3
Cirrhosis of Liver	2	4	5	2	...	1	2	...	1	3
Acute and Chronic Nephritis	6	3	5	9	7	6	10	9	8	3
Puerperal Sepsis... ..	...	...	...	2	...	4	...	2	...	...
Other Accidents and Diseases of Pregnancy and Parturition	...	2	...	2	...	5	...	3	...	1
Congenital Debility and Malformation, Premature Birth	33	30	40	14	37	23	30	28	24	24
Suicide	6	...	1	...	5	3	4	1	4	2
Other Deaths from violence	20	7	20	4	17	5	28	1	29	10
Other Defined Diseases	67	79	70	62	81	58	61	66	70	58
Causes Ill-defined or Unknown	9	4	6	2	8	5	5	2	6	3

Note (*) The one death registered as due to Small-pox was certified by me as caused by *Chronic Nephritis*—R.P.G.

Poor Law Relief.

The sum spent by the Guardians on out-relief in the Borough, for the year ending 31st March, 1925, was £16,544.

SPECIAL CAUSES OF SICKNESS AND INVALIDITY.

The Epidemic of Smallpox.

So far as epidemic diseases are concerned, the most noteworthy disease prevalence of the last five years in Chesterfield was the outbreak of "Mild Smallpox," which commenced in October, 1923, and provided 627 cases before it terminated in June, 1925. The noteworthiness of this epidemic does not arise from any effect it had on the public health or vital statistics of the period. In these respects its effect was nil. Its importance arose entirely from the name "smallpox" attached to it. This word conveys to most people the conception of a severe and loathsome disease with a high fatality and a power to disfigure for life many of its survivors. It is, rightly, one of the most dreaded of the diseases to which man is susceptible. This description is, however, peculiarly inapplicable to the recent epidemic in Chesterfield and many other parts of England, which was singularly benign in its effects, caused no deaths in otherwise healthy individuals, and only in the rarest instances (3 cases in Chesterfield) left slight traces on the skins of its "victims." The same disease has prevailed in extensive epidemics in South America, where it is called "Alastrim" by the natives, and in Africa where the Kaffir calls it "Amaas."

The question of the relationship of alastrim to virulent smallpox is an interesting and important subject too technical to be entered into in detail in this Report. I have, in previous Annual Reports, expressed my opinion that so-called "mild smallpox" is for all practical purposes a different disease from virulent smallpox, and is incapable of acquiring the death dealing and disfiguring powers of true smallpox. I thought it well to explain (Annual Report, 1922) that, in holding this belief, I belonged to a small minority. Nothing which has happened in the interval has altered or weakened this opinion. On the contrary, the events of the last few years in England have lent such strong support to this conception of the mild disease that a large and ever-increasing number of medical men who have had opportunities of observing it are converted to this hypothesis. The altered attitude is reflected in the

appointment by the Health Committee of the League of Nations of a Special Sub-Committee to investigate Smallpox and Vaccination. The terms of reference of this Special Sub-Committee are, amongst others, to:—

- “(a) Collect data on alastrim or alastrim smallpox, and generally on recent epidemic appearances of smallpox which have been characterised by extreme mildness (*variola minor*).
- (b) Determine as far as possible whether these manifestations confer on the disease a character which is specific from the point of view of nosography, or whether they only reveal the habitual and well-known characteristics of a classic smallpox (*variola vere*).
- (c) Enquire whether alastrim outbreaks originate in previous cases of ordinary smallpox and if they terminate on occasion in epidemics of normal form and severity. In other words, are the two entities interchangeable—alastrim evolving into smallpox or smallpox into alastrim? Or, on the contrary, do they keep a reciprocal independence in their spread and in their evolution?
- (d) Conclude whether the habitual methods of prophylaxis against smallpox (isolation, disinfection, vaccination) should be applied with the same vigour to alastrim smallpox.”

Their findings on these points will be awaited with interest.

So far as our experience in Chesterfield goes, the evidence is in favour of “mild smallpox” being a disease separate and distinct from true smallpox. Throughout the years of its prevalence in Chesterfield and Derbyshire it has shown no tendency to depart from its remarkable benignity of type (in spite of all assertions to the contrary). This corresponds with its behaviour in every region of the world where it has been observed and studied. Epidemics running into hundreds of thousands of cases have been recorded in which the disease has preserved its mild characteristics to the end. It has frequently been asserted that the mild disease has assumed virulence, but I have failed to discover in the literature a single instance in which this assertion is supported by satisfactory evidence.

If “mild smallpox” is ultimately shown to the satisfaction of everybody to be a fixed type of disease differing **permanently** from true smallpox in such fundamental factors as fatality and disfigurement, it follows naturally that some name should be attached to it to distinguish it from true smallpox (cases of which may be mild or severe). The term “parasmallpox” serves at once to distinguish it from smallpox

and to indicate its close relationship to smallpox. Only when the mild disease has been generally recognised as distinct from smallpox and given a distinguishing name, will it be possible to discuss what means are appropriate and justifiable for its control and, more especially, whether hospital isolation is called for.

At a time when there is such urgent necessity for economy in the expenditure of public money, it is a matter for serious consideration whether smallpox hospitals should be opened for the reception of a disease no more harmful than mumps, chicken pox or German measles, and far less so than whooping cough or English measles.

The Importance of Vaccination.

A Word of Warning.

Although fundamentally different in its effects on the community from smallpox, this "mild smallpox" is, nevertheless, very closely related to smallpox. In no way is this more clearly demonstrated than in regard to the effect of vaccination as a means of prevention. Recent vaccination is a complete and absolute protection against an attack of "mild smallpox." This was clearly recognised from the commencement of the outbreak in Chesterfield as it was common medical knowledge in regard to alastrim or amaas, and vaccination was advocated all the time as a certain means of controlling the outbreak. Unfortunately, belief in vaccination is by no means universal, and in some quarters the mere mention of it provokes hostility. This is not the place and it is not my intention to indulge in a vaccination controversy, but I would like to give just one illustration of the vexatious manner in which people are misled in regard to vaccination. At an early stage of the epidemic "The Derbyshire Times," at my request, published a chart showing the vaccination state of the patients suffering from mild smallpox. This chart showed clearly that only persons unprotected by recent vaccination contracted the disease. In criticism of the published chart, the Secretary of the Anti-vaccination League, in a letter to the Editor of "The Derbyshire Times," said:—

"Another point must be remembered in connection with the figures published by Dr. Garrow, namely, that in diagnosing smallpox nowadays the vaccinal condition of the patient is taken into account. Smallpox to-day is often so mild that there is great difficulty in deciding whether it is smallpox or chicken pox.

"One of the first questions the expert, who is called in to decide, puts is: "Has the patient been vaccinated?" *If there are good vaccination marks on the arm the case is diagnosed as chicken pox, if there are no marks it is smallpox.* The wonder is that any vaccinated cases at all are diagnosed as smallpox." The italics are mine.

There is not a vestige of truth in this statement that diagnosis between smallpox and chicken pox has

depended on the vaccination state of the patients. Whatever may be the practice elsewhere, at any rate in Chesterfield the vaccination state of a patient was never taken into account to distinguish smallpox from chicken pox. These diseases can be distinguished with certainty on other grounds. Proof of this is seen in the following two tables setting out the vaccination state of all the smallpox patients, and all the chicken pox cases notified during the same period:—

Vaccination State of Smallpox Cases.

Age Groups	0-5	5-10	10-15	15-20	20-25	25-30	30-40	40-50	50-60	60 & over	Total
Vaccinated and Re-Vaccinated	...	...	...	...	...	...	...	...	...	...	...
Vaccinated recently	...	...	...	...	...	...	...	...	...	...	...
Vaccinated in Infancy only	...	...	...	3	5	5	10	47	31	9	110
Unvaccinated	81	97	108	94	65	30	26	7	5	4	517
											627

Vaccination State of Chicken Pox Cases.

Age Groups	0-5	5-10	10-15	15-20	20-25	25-30	30-40	40-50	50-60	60 & over	Total
Vaccinated and Re-vaccinated	...	3	2	2	...	...	1	...	...	...	8
Vaccinated recently	35	42	6	2	...	1	...	...	...	...	86
Vaccinated in Infancy only	40	52	6	...	1	...	...	...	...	...	99
											193
Unvaccinated	177	205	9	2	2	1	...	1	...	...	397
											590

Note that on the smallpox table there is not a single case amongst:—

- Persons vaccinated in infancy and re-vaccinated at any period during their life-time.
- Persons vaccinated recently.
- Persons 15 years of age and under vaccinated in infancy only.

In striking contrast with this protection from smallpox conferred by vaccination, the chickenpox table shows that protected and unprotected alike contracted this disease. For example, there are:—

- (a) 8 cases in persons vaccinated and re-vaccinated.
- (b) 86 cases in persons vaccinated recently.
- (c) 98 cases in persons vaccinated in infancy only and under 15 years of age.

That is to say there is a total of 192 cases of chicken pox and not a single case of smallpox in these “protected” groups. The reader is asked to note also that the majority of the chicken pox cases (namely, 397 out of a total of 590) had no marks of vaccination, and to judge for himself how much truth there is in the suggestion that “If there are good vaccination marks on the arm the case is diagnosed as chicken pox, if there are no marks it is smallpox.”

It cannot be too strongly urged that vaccination and re-vaccination is the only safe and certain method of abolishing from our midst all smallpox, whether mild or virulent. The recent prevalence of a mild disease closely related to smallpox has led many people to believe that “smallpox has lost its virulence”—that smallpox is no longer a thing to be dreaded. There was never a greater fallacy. True smallpox is just as virulent to-day as ever it has been. This is proved by the recent occurrence in various parts of the world, including these islands (e.g., Poplar, London, 1922) of epidemics of smallpox of great virulence and infectivity, high mortality (30 per cent. to 50 per cent.), and leaving behind deeply pitted and disfigured survivors. Therefore the necessity to protect oneself by vaccination against this horrible disease still remains. A further warning is necessary in connection with “mild smallpox” and the real smallpox. Persons who have suffered from mild smallpox think that the attack of this disease must afford them a protection against the virulent smallpox at least as strong and durable as the protection afforded by vaccination. There is reason to believe that this is not so, because persons who have recovered from an attack of mild smallpox can be successfully vaccinated within a year, whereas even a mild attack of true smallpox protects against vaccination for some years. Now it is reasonable to suppose that if an attack of mild smallpox does not protect against vaccination for longer than a few months, it will not protect against an attack of virulent smallpox for very long. So that those people who believe that an epidemic of mild smallpox is a convenient means of securing immunity from virulent smallpox are quite probably mistaken in their calculations.

Regarding this problem from every point of view then, there appears to be no alternative to vaccination and re-vaccination as a means of protection against smallpox.

The *Endemic Goitre of Derbyshire, commonly known as
"Derbyshire Neck."

Passing now from the consideration of the chief epidemic disease of the period (smallpox), which has been the subject of so much controversy, let us consider an important *endemic disease, namely "**Derbyshire Neck**"—also a controversial question in the public health of this district.

Residents in Chesterfield are familiar with the bulge or swelling of the lower part of the front of the neck observable in about one in ten of the women in this part of the country. This condition is due to an enlargement of the thyroid gland of the nature of **Goitre**. A great deal of investigation into the cause of Goitre has been carried out in various parts of the world where the condition is prevalent, with the result that the evidence points to **deficiency of iodine** in food and water to be the chief, if not the only cause of simple endemic goitre. It is unnecessary for me to elaborate this hypothesis, as one of our citizens, Dr. J. A. Goodfellow, who was for many years a practitioner of medicine in this town, has done a great deal by his recent interesting popular articles on Goitre in "*The Derbyshire Times*" to bring the whole question of iodine deficiency to the notice of Derbyshire people. In doing so, Dr. Goodfellow has rendered a notable service, for there is reason to believe that the population of these parts is living in a state of chronic iodine starvation.

The question as to how this deficiency in the intake of iodine can be most conveniently remedied is one which has given rise to a good deal of experiment and discussion amongst hygienists in the goitrous districts of the world. Three methods have been suggested and tried on an extensive scale:

- (1) Iodisation of the public water supply.
- (2) Administration of chocolate tablets each containing a small dose of iodine to all school children.
- (3) Iodisation of salt.

(1) *Iodisation of Public Water Supply.*

This method has been used for some years in Rochester, U.S.A., and has recently been adopted at Ilkeston in Derbyshire. There is much to be said in its favour. It is a simple method of ensuring that all inhabitants of the area of supply will obtain the necessary iodine without effort on the part of the individual. The objections to the method are:—

1. The difficulty in securing uniform iodisation of a public water supply coming from two different sources as it does in Chesterfield, namely, (a) surface water supply stored at Linacre reservoirs, and (b) the supply from the deep wells at Holymoorside and Hunger Hill.

*A disease is said to be *endemic* when it is constantly prevalent in a particular region or district.

2. The second objection to the iodisation of water has been described as "treatment of everybody for the benefit of a few." This objection is not very sound, because if iodine starvation is the cause of Goitre, the prevalence of Goitre in the few indicates general starvation, which can only be counteracted by some method of general distribution of iodine.

However, the whole question of Iodine and Goitre is controversial at present and the time does not appear quite ripe for the employment of a method which, after all, is **compulsory iodisation**. Such a method should not be employed or advocated until the evidence for the iodine starvation theory amounts to such conclusive proof that the opponents of this theory are finally silenced.

(2) *Administration of Chocolate Tablets containing Iodine to School Children.*

This method has been extensively employed in Switzerland and New Zealand, and excellent results are claimed. The objections to the method are:—

1. Only one section of the community (i.e., school children) receive the benefit.
2. Cost. For an elementary school population of over 10,000 children, iodised chocolate tablets would cost over £1,000 per annum.
3. The method looks like drugging and might encourage a habit which is far too common even now, namely, the drinking of medicine, patent and otherwise.

(3) *Iodisation of Salt.*

This consists of introducing a small amount of iodine into ordinary table salt and cooking salt. It appears to me to be the ideal method of making up the iodine deficiency in goitrous districts. Already several firms of salt manufacturers have placed iodised salt on the market, and this commodity can be purchased from any grocer or chemist in this town. The quantity of iodine contained is so minute that it cannot possibly hurt the most delicate person, and I feel justified in recommending the general use of iodised salt in Chesterfield as a means of preventing Goitre.

GENERAL PROVISION OF HEALTH SERVICES OF THE AREA.

Hospitals Provided or Subsidised by the Local Authority or
by the County Council.

<i>Name.</i>	<i>No. of Beds.</i>	<i>Provided by.</i>
(1) Tuberculosis—		
(a) Walton Sanatorium ...	124	Derbyshire County Council
(b) Penmore Tuberculosis Pavilion ...	18	do.
(2) Maternity Home ...	18	Corporation of Chesterfield
(3) Infants' Hospital ...	14	do.
(Adjoining the C. and N.D. Royal Hospital).		(Closed on September 30th, 1925)
(4) Fever—		
Penmore Isolation Hospital	58	Chesterfield Joint Hospital Committee.
(5) Smallpox—		
(a) Spital Smallpox Hospital	20	North Derbyshire and Chesterfield Joint Hospital Committees
(6) General Medical and Surgical—		
Chesterfield and North Derbyshire Royal Hospital	150	Governors of Chesterfield and North Derbyshire Royal Hospital
(7) Poor Law—		
Union Infirmary ...	205	Guardians.
Total ...	607	

There is no Institutional provision in Chesterfield for unmarried mothers, illegitimate infants and homeless children, except that provided by the Guardians at their Workhouse Infirmary and Children's Homes.

Ambulance Facilities.**(a) For Infectious Cases:—**

- (1) Motor ambulance at Penmore Hospital for fever cases.
- (2) Motor ambulance at Spital Hospital for smallpox cases.

(b) For Non-Infectious Cases:—

- (1) Borough ambulance controlled by the Watch Committee of the Corporation.
- (2) Ambulances owned and run by collieries, ironworks, etc., in the district.

Clinics and Treatment Centres.

<i>Name and situation of Clinic.</i>	<i>Open on.</i>	<i>Provided by.</i>
(1) Child Welfare Clinic at—		
(a) Maternity Home ...	Monday, Tuesday and Wednesday afternoons ...	Chesterfield Corporation (M. and C.W. Committee)
(b) Whittington Moor	Monday afternoon	do.
(c) New Whittington	Tuesday afternoon	do.
(2) Ante-Natal Clinic at Maternity Home...	Thursday afternoon	do.
(3) School Clinic at 59, Saltergate—		Chesterfield Education Committee
(a) Minor Ailment Treatment ...	Daily forenoons ...	
(b) Medical Inspection and Consultation	Monday forenoon and Friday after- noon	do.
(c) Ophthalmic ...	Thursday afternoon	do.
(d) Dental	Daily forenoons except Monday ...	do.
(4) Tuberculosis at Brimington Road	Fridays from 10-30 a.m. to 12-30 p.m., and 2 p.m. to 5 p.m.	County Council of Derbyshire

<i>Name and situation of Clinic.</i>	<i>Open on.</i>	<i>Provided by.</i>
(5) Venereal Diseases at Chesterfield and North Derbyshire Royal Hospital ...	Males— Tuesdays, 4-30 to 6-30 p.m. Fridays, 2-30 to 4-30 p.m. Females— Tuesdays, 2 to 4 p.m. Fridays, 11 a.m. to 12-30 p.m.	County Council of Derbyshire

Public Health Officers of the Local Authority.

Medical Officer of Health.

*R. P. Garrow, M.D., D.P.H. (who is also Maternity and Child Welfare Medical Officer, School Medical Officer, Medical Superintendent Penmore Isolation Hospital and Spital Smallpox Hospital, Medical Superintendent Maternity Home and Infants' Hospital, and Police Surgeon).

Assistant Medical Officer.

*Griselda A. Dow, M.A., B.Sc., M.B., Ch.B. (appointed September 1st, 1923), Assistant Maternity and Child Welfare Medical Officer, Assistant School Medical Officer, and Resident Medical Officer Maternity Home and Infants' Hospital.

Sanitary Inspectors.

*C. E. Wood, C.S.I.
 *A. S. Carter, C.S.I., Certif. Meat Insp.
 *C. K. Hale, C.S.I., Certif. Meat Insp.
 *W. Teasdale, C.S.I., Certif. Meat Insp.

Health Visitors.

*Senior—Mrs. J. S. Nicholls, Trained Nurse, C.M.B., Certif. San. Insp., Certif. Queen's Jubilee Inst.
 *Miss R. M. Coakill, Trained Nurse, C.M.B.
 *Miss P. A. Polden, Trained Nurse, C.M.B.
 *Miss F. Smith, Trained Nurse, C.M.B.
 *Miss O. M. Parker, Trained Nurse, C.M.B.

*Officers whose salary is paid partly by exchequer grants.

Clerks.

Miss Kathleen M. Shaw.
Miss M. Sylvester.
H. Arnold.

Veterinary Inspector.

G. Robinson, M.R.C.V.S.

Professional Nursing in the Home.

Skilled professional nursing in the homes of the people is provided for general medical and surgical cases, and for certain infectious diseases by the Visiting Nursing Service of the Borough Welfare Committee of the Corporation. This service was taken over from the Chesterfield District Nursing Association in 1923, when four nurses were at work. This number has recently (1926) been increased to five. The Borough is now divided into five areas in each of which a Visiting Nurse resides and works:—

Brampton and Boythorpe ... Miss Duree, 7, St. Thomas' Street.

Derby Road, Hasland and Spital ... Miss McGrath, 9, Markham Road.

Central ... Miss Hemingway, 40, Spencer Street.

Whittington Moor and Newbold ... Mrs. Tait, 10, Stand Road.

Old and New Whittington... Mrs. Burrows, 5, Church Street, Old Whittington.

Finance of the Nursing Service.

This Home Nursing Service is, so far as general medical and surgical nursing is concerned, an entirely voluntary service supported by (a) voluntary subscriptions, and (b) contributors to a Provident Nursing Fund. It is not in any way dependent upon or supported by the rates. The payment of £255 annually by the Corporation is for specific services rendered by the Nurses in the home nursing of measles, ophthalmia neonatorum, whooping cough, puerperal fever, enteritis and poliomyelitis.

The work done by the four Visiting Nurses has greatly increased during 1925, and an additional Nurse, Miss Hemingway, was appointed and commenced duty on 15th April, 1926. The following is a summary of the work for 1925:—

District.	Cases attended.	Visits.
No. 1 ...	139 ...	3634
Nos. 2 and 4	241 ...	3277
Nos. 3 and 5	65 ...	2975
Nos. 6 and 7	193 ...	3256

Since its amalgamation with the Borough Welfare Committee, the Visiting Nursing Service has worked more smoothly in every way. The conditions of service of the Nurses are improved, there are fewer changes of personnel, and they are becoming better known to the doctors. The number of social workers interested has greatly increased, and the financial support from voluntary and provident contributors is most encouraging.

Midwives.

There are twenty midwives in private practice in the Borough, none of whom is employed or subsidised by the Local Authority. Two of these practising midwives are, however, recognised by the Central Midwives Board for the part-training of pupil midwives at the Municipal Maternity Home. That is to say each pupil trained attends five cases on the district under the supervision of one or other of these two midwives.

Chemical Work.

The analysis of foods and drugs is carried out for the Corporation by the Public Analyst, Mr. Scott-Smith, of Sheffield. His partner, Mr. John Evans, has been recently appointed Joint Public Analyst. A statement of the work done will be found later in this Report under "Inspection and Supervision of Food."

Legislation in Force.

Baths and Washes Act, adopted 1892.

Infectious Diseases (Notification Act), 1889, adopted October, 1890.

Infectious Diseases (Prevention Act), 1890, adopted November, 1890.

Public Health Act (Amendment), 1890, adopted March, 1891.

Private Streets Works Act, 1892, adopted March, 1893.

Parts 3, 4, 5, 6, and Sections 15—25, 27—33, Part 2 and 94, 95 of Part 10 of the Public Health Amendment Act, 1907, adopted March, 1910.

Notification of Birth Act, 1907, adopted November, 1907.

Bye-laws with respect to new Streets and Buildings, adopted April, 1891.

Bye-laws with respect to Flushing Water Closets, adopted July, 1894.

Bye-laws with respect to Paving of Yards and Open Spaces in connection with Dwelling-houses, adopted July, 1894.

Bye-laws with respect to Slaughter-houses, adopted February, 1891.

Bye-laws with respect to Nuisances, adopted February, 1891.

Bye-laws with respect to Dairies, Cowsheds and Milkshops, adopted December, 1894.

Bye-laws with respect to Common Lodging-houses, adopted May, 1905.

Bye-laws with respect to Houses Let in Lodgings, adopted May, 1905.

Bye-laws with respect to Tents, Vans, Sheds and similar Structures, adopted September, 1917.

The Chesterfield Improvement Act, 1901.

The Chesterfield Corporation Act, 1914.

Bye-laws with respect to Offensive Trades, adopted June, 1914.

The Chesterfield Corporation Act, 1923.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Chesterfield is blessed with an ample supply of water of excellent quality. Mr. Charles Boldry, Engineer and Manager of the Corporation Water Department, in his Annual Report for 1925, gives an interesting history of the water undertaking from its inception in 1825 up to the present time, and in a paper entitled "Chesterfield New Waterworks," read before the Institution of Water Engineers in 1925, he gives a detailed account of the scheme which the Water Committee has pursued successfully in recent years to obtain underground water by boring in order to supplement the surface water supply stored at Linacre Reservoirs. The reader is referred to his Report and Paper for full information as to the town's water supply.

Rivers and Streams.

The small rivers and streams running through Chesterfield (Rother, Spital Brook, Hipper, Holme Brook, Whitting and Drone) are all liable to pollution from trade effluents and they are no longer clear streams. The chief pollution is one for which there is apparently no remedy—namely, the underground water pumped from the coal mines. This is heavily charged with iron salts, and is a dirty grey turbid fluid till it comes into contact with the streams, when its colour is converted by oxidation into a bright ochre. Avenue Colliery No. 9, just outside the Borough, discharges large volumes of this stuff into the Rother, rendering its waters turbid and ochre-coloured in its entire course through the town.

Drainage and Sewerage.

Practically the whole of the populous areas in the Borough are now completely sewered and drained. Considerable new sewer extensions have been carried out during the last five years to meet the development of the Borough which has taken place in different parts. The most important of these are:—

- (1) The new sewer from Linden Avenue to Brookside Bar, which drains the whole of the new property recently erected and now being erected there, and the property fronting the Chatsworth Main Road beyond Brookside Bar, which was incorporated in the Borough at the extension of 1920.
- (2) A new sewer joining sewer No. 1 at Somersall Lane and draining the area known as Riversdale, situated on the Borough boundary towards the Urban District of Brampton and Walton.
- (3) A sewer laid along the entire length of Handley Road, New Whittington. Since this sewer was laid, considerable development has taken place on this road.
- (4) A new sewer laid from Horn's Bridge along the Spital Brook Valley. This sewer links up the Calow Lane and the Penmore Sewage Disposal Works. These two works were taken into the Borough at the extension of 1910. The works were not satisfactory and, since the completion of this sewer, they are being demolished, and the sewage which previously drained into them now runs into the main sewers of the Borough.
- (5) A new main outfall sewer of cast iron pipes, 48 inches in diameter, has been laid, connecting the old Sewage Disposal Works at Stonegravels with the new Sewage Disposal Works now nearing completion at Whittington. This sewer will shortly come into operation when the new works are opened and the old works closed down.
- (6) A considerable number of small sewer extensions have been constructed at various points throughout the Borough, e.g., Langer Lane, Whitecotes Lane, Hasland Green and Newbridge Lane.
- (7) The whole of the Corporation Housing Estates are sewered.

The sewerage in the Borough generally is on the combined system, although for some years past new surface water drains have been laid to which the whole of the street gullies have been connected, thereby relieving the old main sewers of storm water.

Where new estates have been laid out in recent years a complete system of surface water drainage has been laid in the new streets in addition to the new sewers.

Sewage Disposal.

A contract will be completed by the end of July, 1926, for the construction of a new Sewage Disposal Works on the activated sludge system. These works are being constructed on the site of the works of the old Whittington and Newbold

Council, whose area was incorporated in the Borough at the extension of 1920. Immediately these works come into operation, the old main Sewage Disposal Works at Stone-gravels will be demolished and the whole of the sewage of the Borough will be dealt with at the new works.

These new works are designed to deal with a dry weather flow of $2\frac{1}{4}$ million gallons per day.

Closet Accommodation.

Conversion Scheme.

So far as environment is concerned, the most important contribution to the public health of Chesterfield in the last five years is the progress made with the scheme for converting the conservancy system (privies and pail closets) to the water carriage system of sewage disposal. This was completed in the Old Borough by the end of 1924 (with the exception of unsewered houses which, of course, cannot be converted). Good progress has been made in the Whittington and Newbold Districts in the last two years, and it is hoped that by the end of 1926 the conversion scheme will be practically complete there also. The following are the numbers of conversions done in the years 1921—1925:—

Year.	No. of Conversions.
1921	... 660
1922	... 1794
1923	... 828
1924	... 513
1925	... 426

The following table gives details of the sanitary conveniences in the twelve wards of the Borough at the end of 1925:—

Types and Numbers of the various Sanitary Conveniences in the Borough according to Wards.

Ward	Water Closets	Waste Water Closets	Privies	Pails	Middens	Fixed Dry A'pits	Portable Dust Bins
Central ...	1056	57	4	—	2	1	1168
Hasland ...	1073	15	2	—	2	—	1087
Rother ...	1700	26	13	—	8	4	1735
St. Leonard's ...	1014	4	48	—	32	3	1130
Trinity ...	1120	2	—	1	—	4	1235
St. Helen's ...	517	34	36	—	29	—	606
West ...	989	55	10	—	8	—	1069
Holmebrook ...	1095	89	—	—	—	—	1223
Moor ...	1212	2	152	2	112	4	1214
Newbold... ..	736	—	81	24	74	30	680
Old Whittington	619	—	311	49	153	23	541
New Whittington	700	6	142	1	64	7	637
Totals ...	11831	290	799	77	484	76	12325

Years	WARD DISTRICTS.	Number of W.C's provided in lieu of Privies, etc.	No. of Conversions carried out under Sec. 39 P.H.A. A. Act 1907	
			Notices Served	Carried Out
July 1919 to end of 1920	The Whole Borough	787		
1921	Hasland, Central, Rother, St. Leonard's	336	196	62
	West, Holmbrook, St. Helen's, Trinity ...	175	24	76
	Newbold, Whittington Moor, Old			
	Whittington New Whittington ...	149	12	12
	Totals for 1921	660	232	150
1922	Hasland, Central, Rother, St. Leonard's	966	775	783
	West, Holmbrook, St. Helen's, Trinity ...	479	466	351
	Newbold, Whittington Moor, Old			
	Whittington, New Whittington ...	349	161	153
	Totals for 1922	1794	1402	1287
1923	Hasland, Central, Rother, St. Leonard's	242	25	176
	West, Holmbrook, St. Helen's, Trinity ...	111	19	92
	Newbold, Whittington Moor, Old			
	Whittington, New Whittington ...	475	262	256
	Totals for 1923	828	306	524
1924	Hasland, Central, Rother, St. Leonard's...	32	5	6
	West, Holmbrook, St. Helen's, Trinity ...	17	—	10
	Newbold, Whittington Moor, Old			
	Whittington, New Whittington ...	464	406	349
	Totals for 1924	513	411	365
1925	Hasland, Central, Rother, St. Leonard's	8	2	2
	West, Holmbrook, St. Helen's, Trinity ...	2	1	1
	Newbold, Whittington Moor, Old			
	Whittington, New Whittington ...	416	427	310
	Totals for 1925	426	430	313
	Totals for period 1921-1925 ...	4221	2781	2639

FINANCIAL STATEMENT.

Total amount of Loan Sanctions

Amount borrowed to December 31st, 1925

July 1919 to end of 1920. Amount of Grants paid upon 787 Conversions ...

Period 1921—1925 do. do. do. 4221 do. ...

Amount paid to Owners since inception of Scheme, July, 1919 to Dec. 1925 ...

Difference between amount spent and amount borrowed at Dec. 31st, 1925 ...

Difference between amount spent and amount of Sanctions at Dec. 31st, 1925

SUMMARY, 1921—1925.

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No. of Conversions carried out under Sec. 36 P.H.A. 1875		No. of Conversions carried out under Sec. 91 P.H.A., 1875 or informally		Provision of Galv'd Iron Dust Bins in connection with Conversions		No. of Conversions carried out by Corporation at request of owners or in default	Total amounts paid by Corporation in respect of Grants for Conversions and provision of Dust Bins £ s. d.
Notices served	Carried Out	Notices Served Sec 91	Carried Out	By Corporation	By Owners		
							5509 17 10
245	174	4	100	225	111	51	1414 7 7
115	86	24	13	142	35	10	1147 17 9
135	132	—	5	40	99	—	526 7 6
495	392	28	118	407	245	61	3088 12 10
122	156	—	27	891	75	109	7708 4 8
114	123	—	5	340	139	26	3173 0 3
234	144	—	52	272	60	11	1578 16 9
470	423	—	84	1503	274	146	12460 1 8
16	64	—	2	234	8	35	1646 4 8
1	19	—	—	94	13	5	1063 6 11
118	162	—	57	456	11	9	2012 10 7½
135	245	—	59	784	32	49	4722 2 2½
1	4	—	22	25	7	—	168 4 4
—	6	—	1	10	7	9	141 18 9
146	99	—	16	457	—	33	2279 4 6
147	109	—	39	492	14	42	2589 7 7
—	—	—	6	6	2	1	33 12 6
—	—	—	1	1	—	—	11 15 0
147	106	—	—	420	—	4	2220 5 1½
147	106	—	7	427	2	5	2265 12 7½
1394	1275	56	307	3613	567	303	£25125 16 11

CONVERSION SCHEME.

CONVERSION SCHEME.							£	s.	d.
...	...	...	...	...	...	...	37,020	0	0
							36,439	0	0
...	...	...	...	...	...	...			
...	...	...	...	..	£5,509	17 10			
...	...	...	...	...	£25,125	16 11			
...	...	...	...	...			30,635	14	9
...	...	...	...	...	...	...	£5,803	5	3
...	...	...	...	...	...	...	£6,384	5	3

Scavenging.

In December, 1924, a Cleansing Department was established, and Mr. H. Edridge was appointed (December 1st, 1924) the first Cleansing Superintendent of the Borough.

His duties were at first confined to re-organising the work of house refuse collection and disposal. Sanitary galvanised iron dustbins with lids were substituted for privy middens and dry ashpits throughout the Borough during the conversion scheme and this is being rapidly completed along with the conversions in the Whittington district.

House Refuse Collection.

This service is carried out by a combination of horse and mechanical transport. The Borough is divided into six districts, each district having the required labour and transport for the emptying of approximately 13,520 bins weekly. In conjunction with the collection of house refuse, the Sewage Disposal and Cleansing Committee have, during the year, taken over the collection of trade refuse at a charge of 21/- per bin per annum emptied weekly, or 6d. per bin per week for shorter contract periods. The trader must make application for this service.

During the year the following work has been carried out:—

Number of bins emptied ...	...	606,567
Number of pits emptied ...	...	3,280
Tons of refuse collected ...	...	24,125 11 cwts.

The refuse yield per 1,000 of the population per day was 1 ton 1 qr. (365 days)

Disposal of Refuse.

7,830 tons 8 cwts. 1 qr. of refuse was dealt with the the six-cell Meldrum Incinerator at the old Sewage Disposal Works, and 16,295 tons was tipped on nine tips in different parts of the Borough.

The Sewage Disposal Committee have decided to install a refuse utilisation plant, and close down three of the tips. When this is done the amount of refuse tipped will be reduced by about 8,000 tons per annum.

1915 (November 4th) Mr. Edridge took over Street Cleansing from the Borough Surveyor's Department.

Sanitary Inspection in the Area, 1925.

The following list summarises the work of the Sanitary Inspectors:—

No. of Complaints Investigated ...	...	...	535
No. of Houses Inspected ...	...	...	137
No. of Nuisances Found ...	...	...	734

No. of Nuisances Abated	677
No. of Visits to Infected Houses	328
No. of Houses Disinfected	604
No. of Schoolrooms Disinfected	2
No. of Inspections of Dairies and Cowsheds ...	482
No. of Inspections of Bakehouses	68
No. of Inspections of Manure Receptacles ...	33
No. of Inspections of Slaughter-houses	3402
No. of Inspections of Common Lodging-houses ...	84
No. of Inspections of Factories and Workshops ...	177
No. of Inspections of Drains to new Buildings ...	386
No. of Drains tested by Water or Smoke	656
No. of Miscellaneous Visits, Re-inspections, etc....	2707
No. of Samples of Milk for Bacteriological Examination	109
No. of Conversions carried out	426

Amount of diseased and unsound food condemned and destroyed:—14 tons 0 cwts. 1 qr. 17 lbs.

The following table indicates the number of notices served during the year and the results of such notices:—

	Number of Informal Notices served by Sanitary Inspector	Number of Legal Notices served by Local Authority	Number of Nuisances abated with or without notice
DRAINAGE—			
No disconnection of waste pipe ...	...	...	...
Defective waste pipe, traps, inlets and drains	121	9	127
Drains obstructed	186	19	190
CLOSETS AND ASHPITS—			
Defective privies, pail closets and ashpits (not for conversion) ...	6	1	9
Conversion of privies into w.c.'s...	6	231	414
Conversion of pail closets into w.c.'s	...	3	5
Conversion of privies into pail closets	...	...	...
Defective water closets	33	2	34
Provision of additional water closets	7	...	7
Provision of portable ashbins ...	240	278	1087
Dirty closets	39	...	39
OTHER DEFECTS—			
Paving of courts and yards ...	32	13	29
Roofs, eaves-spouts and down-spouts	66	7	100
Sinks	6	4	10
Insufficient ventilation	...	1	4
Windows	34	...	34
Dampness	13	4	16
Water in cellars	14	...	14
Water supply	12	...	13
Overcrowding	3	...	3
Foul condition of houses	7	...	7
Offensive accumulations	29	2	29
Animals improperly kept	17	5	15
Pigsties	1	...	1
Smoke observations	156	4	1
Urinals	2	...	2
Nuisances not specified above ...	108	14	123
Totals ...	1171	597	2313

			Number on Register	Inspections made	Notices served	Nuisances abated with or without notice
Dairies, cowsheds and milkshops	...	...	172	335	27	27
Bakehouses	...	...	29	68	5	5
Slaughterhouses	...	...	34	3402	...	...
Offensive trades	...	...	70	105	11	11
Common lodging houses	...	...	5	84	5	11
Totals	...	...	310	3994	48	54

Atmospheric Pollution and Smoke Abatement.

The smoke nuisance is a matter of utmost importance to Chesterfield, and unless serious attention is paid to it now and in the future, it may become, as it now is in many of the larger industrial towns of the Midlands and north of England, the greatest menace to the health of the inhabitants.

Chesterfield is an old industrial town undergoing rapid development. It is situated on a coalfield and has in its population a considerable proportion of coal miners who get allowance coal. The greater part of the town is closely built on a low hill (from 200-400 feet above sea level) which lies on the floor of a wide basin. Anyone who cares to climb to the edge of this basin and look down will see Chesterfield's smoke pall and distinguish easily its two elements and the sources from which they arise. First and more important is the bluish grey mantle of smoke which comes from the thousands of domestic chimneys and closely hugs the homes which produce it, and secondly there is the cloud of dense black smoke here and there coming from the tall industrial chimneys or the short stumpy pottery kilns. It requires little imagination to foresee to what extent this smoke screen may increase in density if industrial development and housing continue for many years at their present rate. It is our duty to abate, as far as possible, the present preventable pollution of the atmosphere by smoke, and to see that in the future development of the town every effort is made to avoid a repetition of the conditions which prevail in the larger industrial cities of the Midlands and north.

Industrial Smoke Observations.

During 1925 the smoke observations carried out by Mr. Wood numbered 156. The average emission of black smoke was 8 minutes per hour. Notices were served on five owners of chimneys to remedy the nuisance from black smoke. Excepting these five cases the period of black smoke was four minutes per hour. These results are much better than those of 1924, when the average period of emission of black smoke was 15 minutes per hour. In two of the factories complained of, preparations are being made for the laying down of additional boilers. In another an improved form of boiler is to

be installed. More careful stoking was sufficient to remedy the nuisance in a fourth.

The worst industrial smoke nuisance in the town arises from the firing of pottery in old-fashioned kilns which pour large volumes of dense black smoke over the surrounding houses. These old kilns are being gradually replaced by modern kilns which produce less smoke and discharge it at a greater height.

Domestic Smoke.

Even if every nuisance arising from industrial smoke were abated permanently by smoke consuming devices, there would still remain the greater portion of the smoke pall which arises from the domestic fires. Every encouragement should be given to the use of gas and electricity in domestic heating and cooking, and perhaps the greatest boon of all in smoke abatement would be the universal employment of a smokeless fuel suitable for use in open fires.

The Contribution of the Gas Department towards Smoke Abatement.

Mr. Harold Davies, the Corporation's Gas Engineer, informs me that there is a steadily increasing use of gas during the past five years at the rate of over 10 per cent. per annum for domestic and industrial purposes. During these five years the Gas Department has supplied **new** apparatus as follows:—

Gas Consumers	...	...	...	1305
Gas Fires	...	...	...	983
Gas Cookers	...	...	...	1729
Gas-heated Washing Coppers	...			997
Gas-heated Radiators and Geysers	...			100
Total				5114

The Gas Department in 1925 opened a Gas Showroom in Knifesmith Gate which will doubtless lead to the still further use of gas apparatus.

Electricity and Smoke Abatement.

Mr. D. H. Davies, the Borough Electrical Engineer, also reports marked progress in the use of electricity for heating, lighting and power, both industrially and for domestic purposes. In the period 1921—25 the number of electricity consumers has doubled, and the output in units of electricity sold has also doubled.

The Electricity Department will open a Show Room in Stephenson Place shortly, with a view to further extension in the use of electricity for all purposes.

These efforts have the cordial support of the Health Committee, for there is no single factor in environmental hygiene of greater importance to the public health of Chesterfield than the cleansing of its atmosphere so that the unfiltered rays of the sun may shine into every street, yard and house in the town, dealing death to the germs of tuberculosis and other diseases, and giving health and vigour to the population and especially to the growing children. The importance of sunshine in maintaining health and preventing and curing disease has only been fully appreciated within quite recent years, and has given rise to the modern cult of heliotherapy or sun-treatment. This may take the form of natural sun bathing at the seaside or at high altitudes (as in Switzerland) where pure, clean atmospheres allow all the sun's rays to reach the body, or the same effects may be obtained by exposing the body to the influence of special lamps which produce light rich in ultra violet rays. These ultra violet rays in the sun's light, which are of such vital importance to health, are just the element which is filtered out by smoke or fog. Hence the supreme importance of smoke abatement.

Premises and Occupations which can be controlled by Bye-laws and Regulations.

The following table shows the character and number of such premises in the Borough:—

Common Lodging-houses	...	...	...	...	5
(One, the Municipal Hostel, is owned and supervised by the Corporation, meals can be obtained and the Hostel has accommodation for 160 men).					
Houses Let in Lodgings	...	...	...	...	2
Slaughter-houses	...	...	...	...	34
Tripe Boilers	...	...	...	...	3
Gut Scrapers	...	...	...	...	2
Tan Yards	...	...	...	...	1
Tallow Melters	...	...	...	...	1
Dealers in Rags and Bones	...	...	...	...	3
Bakehouses	...	...	...	...	29
Fried Fish Shops	...	...	...	...	58
Dairies, Cowsheds and Milkshops	...	...	...	...	82
Tents, Vans, Sheds	...	...	...	...	43
Workshops of various kinds	...	...	...	...	180

FACTORIES AND WORKSHOPS.

The following table shows the number of workshops on the register at the end of the year:—

Bakehouses	...	...	...	29
Dressmakers	...	...	...	18
Milliners	...	...	...	11
Woodworkers	...	...	...	22
Tailors	...	...	...	15
Saddlers	...	...	...	4
Smiths (tin and iron)	...	...	...	12
Boot and Clog Makers	...	...	...	21
Cycle and Motors	...	...	...	19
Other Trades	...	...	...	29
Total				180

Inspection of Factories and Workshops.

Premises	Number of Inspections	Number of Notices	Number of Prosecutions
Factories, including factory laundries	108	4	...
Workshops, including workshop laundries	190	15	...
Outworkers' premises	9	...	...
Totals	307	19	...

Defects found in Factories and Workshops.

Particulars of Nuisances under the Public Health Acts.			Number of Defects		Referred to H.M. Inspector	Number of Prosecutions instituted
			Found	Remedied		
Want of cleanliness	...	...	14	14	...	...
Want of ventilation	...	...	...	...	...	...
Overcrowding	...	...	...	...	...	...
Want of drainage of floors	...	...	...	...	...	...
Other nuisances	...	...	...	...	...	...
Sanitary Accommo- dation	Insufficient	...	...	...	...	...
	Unsuitable or Defective	...	11	11	...	...
	Not separate for sexes	...	1	1	...	...
Totals			26	26	...	...

RATS AND MICE DESTRUCTION ORDER, 1919.

Report on Work, 1925.

The duties of the Local Authority under this Order have been delegated by the County Council to the Borough Council. The work has been carried out by the Senior Sanitary Inspector, Mr. Wood. The poisons used were:—

- (1) Rodine, and
- (2) Barium Carbonate in the form of biscuits.

Both of these appeared to be attractive and did good work.

In two blocks of business premises, the owners were advised that, instead of laying poison, dogs and ferrets should be used. In one of these cases over 100 carcasses were counted and the premises have remained clear of rats.

In six cases written notice was served on the owners of dwelling-houses to carry out work necessary to prevent the harbouring of rats.

Bait-laying has been done periodically at the refuse tips at Brockwell and Sheepbridge, at the Sewage Works and destructor, and at the Corporation slaughter-houses, and these places have been regularly visited. There is no doubt that this work has been the means of preventing any great increase in the numbers of rats. The total number of baits laid during the year, including the intensive effort of "Rat Week," was 1,100, and, the success of the efforts has been shown in the absence of further trouble in the premises treated.

HOUSING.

(1) General Housing Conditions in the Area.

A survey of the general housing conditions of the area was carried out by Sanitary Inspectors Carter, Hale and Teasdale early in 1925, and the houses were classified as Good, Fair, Poor and Bad. The following table gives the numbers in each category in each ward of the Borough. The "back to back" houses in column 7 of the table are included in the "Bad" houses in column 6.

WARD.	Total No. of Houses	A. Good	B. Fair	C. Poor	D. Bad	Back to Back
Hasland	1077	641	388	45	3	—
Central	1186	521	410	175	80	8
Rother	1650	846	692	107	5	1
St. Leonard's ...	1174	432	548	155	39	42
St. Helen's	637	282	289	59	7	—
Trinity	1251	365	718	123	45	29
West	1046	575	405	53	13	4
Holmbrook	1245	419	751	40	35	6
Old Whittington ...	987	125	554	290	18	16
New Whittington ...	856	78	582	161	35	33
Whittington Moor ...	1104	82	603	395	24	31
Newbold	1048	372	437	237	2	—
Totals	13261	4738	6377	1840	306	170
Percentage of Total...		35.7	48.0	13.8	2.3	

(2) Overcrowding.

The exact extent of overcrowding is difficult to determine. The 1921 Census figures indicated that there were over 700 more families than houses in the Borough. But since that time 1,719 new houses have been built, so that one would have expected the shortage to be nearly met by this building activity. Yet I am informed by Mr. Illingworth, the Corporation Housing Estate Agent, that there are 600 applicants for houses on his books.

It must not be supposed that the only cause of overcrowding is the shortage of houses. An important factor is the question of rent, for there are many poor families who cannot afford to pay the rent of a new house and are forced by economic circumstances to share the older and cheaper houses, thus giving rise to overcrowding in the poorest type of property.

Occupants of overcrowded houses frequently appeal to the Medical Officer of Health for help to obtain a better dwelling. The details of their circumstances are forwarded to the Corporation Housing Estate Agent so that their cases may be considered by the Housing Committee.

(3) Fitness of Houses.

The general standard of housing in the area may be described as fairly good. The defects found are mostly due to the age of the property, there being a considerable number of old houses without damp proof courses and without adequate

ventilation. The general action taken under the Public Health and Housing Acts as regards unfit houses is detailed in the table on Housing below (page 42).

(4) Unhealthy Areas.

Low Pavement Area Improvement Scheme.

The present Low Pavement area, comprising over five acres, is situated near the centre of the "Old Borough" of Chesterfield (i.e., the Borough previous to the extension of 1920). It lies on the south side of the Market Square, between it and the River Hipper. It is bounded on the north by the Market Square, on the south by Markham Road, on the east by Tontine Road, and on the west by Park Road. The Market Place itself and the area in question slope towards the south, so that the pavement or footpath along this side of the Market Place is literally **the low pavement** of that place. Further, this pavement is below the level of the adjoining carriageway, so that in every sense the term "low pavement" is appropriate.

The buildings of the area fronting on the Market Place are now shops and places of business, but they were originally private residences with gardens at the rear running down to the River Hipper. As the houses came into use for commercial purposes, the long, narrow gardens became built up with small houses of a poor type in long, parallel rows from the original residences down to the river. These rows of dwellings were separated from each other by narrow passages or yards entered through tunnels from the Market Place.

The present Low Pavement area is really a portion of a considerably larger slum area created in the manner above described, including a part formerly known as the "dog kennels," which was wiped out by the construction of Markham Road in 1915 and 1919.

In February, 1920, Minute No. 742, Health Committee, the Medical Officer of Health for the Borough (Dr. Robert Fraser) "submitted his written official representation under the Housing Acts, 1890 to 1919, in regard to the Low Pavement area, comprising property bounded on the north side by the street called Low Pavement, on the south side by Markham Road, on the west by Park Road, and on the east side by South Street and South Place, which appeared to him to be an area in which there are certain houses, courts and alleys which are unfit for human habitation, and the narrowness, closeness and bad arrangement, and the bad condition of the streets and houses or groups of houses within such area, and the want of light, air, ventilation or proper conveniences or other sanitary defects, or one or more of such causes, are dangerous and injurious to the health of the inhabitants of the

buildings in the said area and of the neighbouring buildings, and that the most satisfactory method of dealing with the evils connected with such houses, courts and alleys, and the sanitary defects in such area, is an improvement scheme for the re-arrangement and re-construction of the streets and houses within such area or of some of such streets and houses."

The Council resolved—

"(a) That the Council, having taken into consideration the Official Representation of the Medical Officer of Health, dated the 18th day of February, 1920, and being satisfied of the truth thereof and of the sufficiency of their resources, declare that the area described in such Representation is an unhealthy area, and that an Improvement Scheme ought to be made in respect of the area.

"(b) That the Town Clerk be instructed to prepare a Draft Scheme, in accordance with the provisions of Part I. of the Housing of the Working Classes Act, 1890, as amended by subsequent Acts, and that the Borough Surveyor prepare the necessary plans, particulars and estimates."

Application for confirmation of the Scheme was made to the Ministry of Health, accompanied by:—

1. A copy of the Official Representation.
2. Two copies of the Improvement Scheme.
3. Particulars and estimates.
4. Two copies of maps as follows:—

Map No. 1 on the scale of 1/500, showing the lands in the Scheme, the unhealthy area being coloured pink and the neighbouring lands necessary to make the Scheme efficient being coloured blue.

Map No. 2 showing proposals for dealing with the cleared area, and

Map No. 3, on a 6in. scale, showing the site for re-housing of the displaced tenants.

5. The Book of Reference which is compiled in conjunction with Map No. 1 and fully describes each separate and numbered property.
6. Mortality rates comparing the area with that of the whole Borough.
7. A detailed statement of each house, showing the number of occupants, the weekly rent, occupation and place of employment of the tenants, also information relative to empty houses within half a mile of the area, and the necessary certificates of the Town Clerk

that the statutory requirements as to the public advertisement of the Scheme and the service of the required notices had been observed.

After some delay a Public Inquiry was held in Chesterfield by an Official of the Ministry of Health in August, 1922, and on November 14th, 1922, an Order was received from the Ministry confirming the Scheme and declaring 99 houses in the area unfit for human habitation.

The chief data relative to the area before demolition were:—

Number of unfit houses	...	...	99
Number of Occupants	...	...	498
Number of Occupants per house	...	...	5
Rents	...	...	From 3/- to 9/6 per week.
Average rent	...	...	5/1 per week.

Vital Statistics—period 1910 to 1919:—

	Death Rate.	Infant Mortality Rate.	Zymotic Death Rate.	Epidemic Diarrhoea Death Rate.
Borough ...	14.8	119	2.0	23.4
Low Pavement ...	24.7	141	5.0	46.0

The type of house was generally a single one with inadequate or no through ventilation. The water supply in a number of cases was obtained from stand taps in the courts. With one or two exceptions the privies had, some years before, been converted into W.C.s.

The surface drainage of the courts was largely by open channels down the narrow yard.

In the majority of cases the houses were verminous, and some forty per cent. could be classed as dirty.

The occupational incidence of the tenants was: miners, 32 per cent.; general labourers, 32 per cent.; artisans, 13 per cent.; and general workers, 23 per cent.; the number of workers employed outside the Borough being 96.

The above statistics fully confirm the contention that Low Pavement was indeed an unhealthy area. In addition the 99 dwelling-houses, there was a conglomerate assortment of old stables, garages, warehouses, slaughter-houses and workshops within the scheduled area.

Re-housing of Tenants of the Low Pavement Area.

The re-housing of tenants was carried out by the Corporation on a site known as the St. Augustine's Estate, situated about three-quarters of a mile to the south of Low Pavement. This estate was already the property of the Corporation and was partially developed by the Housing Committee under the 1919 Act. An area of 7.938 acres on the north side of St.

Augustine's Road was transferred from the Housing Committee to the Health Committee at the District Valuer's valuation of £4,122.

The first contract let was for 40 houses, 38 being type A.2 and 2 being type A.3; the A.2 type is a non-parlour house with two bedrooms and having a superficial area of 738 feet, and the A.3 type is a non-parlour house with three bedrooms and having a superficial area of 844 feet. The contract price for these 40 houses was £12,695 10s. 3d., an average of £317 12s. 9d. per house.

In October, 1923, the first house was completed, and by the end of the year 24 had become occupied. The second contract was for 62 houses, all of the one type A.2, and the contract price was £20,589 11s. 5d., or an average of £332 per house. The total cost of the new estate was, therefore:—

	£	s.	d.
102 houses	33,285	1	8
Cost of land and partial development ...	4,122	0	0
Completion of Roads	1,100	0	0
Making a total of	£38,507	1	8

By February, 1925, the whole of the 102 houses were occupied, the rents of the A.2 type being fixed at 6/6 per week plus rates, making a total of 9/7, and the A.3 type at 8/- plus rates, making a total of 12/9 per week.

The approximate annual deficiency on the Scheme will be £1,400. The Government is making an annual grant of £700, thus leaving an equal sum as a charge upon the rates, which represents .773 of a penny rate.

Supervision of the Re-housed Population.

With a view to helping the tenants to live up to their improved environment, the Health Committee, in November, 1924, with the sanction of the Ministry of Health, appointed one of their Health Visitors (Miss Cutts) to act in the dual capacity of Health Visitor and Rent Collector in the St. Augustine's Estate. Her duties included:—

- (a) Advice to the mothers with regard to their own health and that of their infants and children under five years of age.
- (b) Advice on domestic economy and hygiene.
- (c) General supervision in connection with repairs and maintenance of the property.
- (d) Collection of rents.

Miss Cutts resigned her position to get married, and was succeeded in this work by Miss M. Turquand, who has an office on the estate.

(5) Bye-laws relating to Houses, to Houses Let in Lodgings, and to Tents, Vans, Sheds, etc.

In the main the existing Bye-laws have been found adequate.

(6) General and Miscellaneous.

To enable the Health Committee to deal more systematically with unfit houses, the Housing Committee has undertaken to provide fifty new houses annually as alternative accommodation for the present occupiers of condemned houses, so that these may be demolished.

Housing Statistics for the Year 1925.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b))	...	...	...	...	...	...	323
(b) With State assistance under the Housing Acts:—							
(i.) By the Local Authority	...	...	...	...	...	...	182
(ii.) By other bodies or persons	...	...	...	...	...	...	125

1. Unfit Dwelling-houses.

(1) Number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	548
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	...	165
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	280
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	268

2. Remedy of Defects without Service of Formal Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	...	261
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3. Action under Statutory Powers.

A. Proceedings under Section 3 of the Housing Act, 1925—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	37
(2) Number of dwelling-houses which were rendered fit:—	
(a) By owners	15
(b) By Local Authority in default of owners...	8
B. Proceedings under Public Health Acts—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	29
(2) Number of dwelling-houses in respect of which defects were remedied after service of formal notices:—	
(a) By owners	28
(b) By Local Authority in default of owners ...	—
C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925—	
(1) Number of representations made with a view to the making of Closing Orders	—
(2) Number of dwelling-houses in respect of which Closing Orders were made	—
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	—
(4) Number of dwelling-houses in respect of which Demolition Orders were made	—
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

Housing Statistics for the Five Years.

Record of New Houses Built.

	Plans passed	In course of erection	Occupied	Totals
1. CORPORATION SCHEMES.				
(a) Housing Act, 1919	...	...	454	454
(b) do. Section 12 (3)... ..	...	...	111	111
(c) Unemployment Schemes	...	...	14	14
(d) Chester Street T.P. Scheme	...	...	...	...
(e) Corporation Act, 1914	...	...	3	3
(f) Low Pavement Area Scheme	...	...	102	102
(g) Housing Act, 1924	7	117	198	322
* (h) Corporation Act, 1923	6	41	5	52
Totals	13	158	887	1058

		Plans passed	In course of erection	Occupied	Totals
2.	PUBLIC UTILITY SOCIETIES.				
	(a) Chesterfield Housing Association	...	...	13	13
	(b) Wheatbridge Housing Association	...	...	30	30
3.	SUBSIDISED HOUSES.				
	†(a) Housing Act, 1919	...	...	33	33
	(b) Housing Act, 1924	...	85	280	365
4.	NON-SUBSIDISED.				
	(a) Houses	...	26	7	178
	(b) Wooden Huts	...	...	9	9
	Totals	...	26	92	543
	Grand Totals	...	39	250	1430
				1719	

NOTE.—† includes 16 huts.

* includes 2 steel houses.

IMPROVEMENTS.

The period 1921—1925 has been one of great activity in street improvements all over the Borough. I am indebted to the Borough Surveyor, Major Vincent Smith, for the following list of the principal widenings and street improvements carried out during the last five years:—

List of principal Widenings and Improvements carried out during the five years, January, 1921, to December, 1925.

1. New Road, Cobden Road to Tennyson Avenue (1914 Act).
2. New Road, Park Road to Boythorpe Road, between Park Annexe and Queen's Park.
3. New Road, Factory Street to Boythorpe Estate (Goit Side Road).

These schemes were carried out as Unemployment Relief Schemes in 1921.

4. Widening of High Street, New Whittington, adjoining Brearley Park.
5. Widening of Sheffield Road—Lockoford Lane to Pottery Lane.

6. Widening of Old Road (1914 Act).
7. Widening of Newbold Road at the junction with Sheffield Road (1914 Act).
8. New Street, Knifsmith Gate to Gluman Gate (1914 Act).
9. Widening of Boythorpe Road (1914 Act).
10. Completion of Markham Road (1914 Act).
11. Widening of Lordsmill Street (1914 Act).
12. Construction of St. Leonard's Drive, Hasland to Spital (1914 Act).
13. Widening of Storforth Lane.
14. Widening of Newbold Back Lane and construction of Hawksley Avenue.
15. Widening of Newbold Road opposite Highfield Hall Estate.
16. Widening of High Street, New Whittington, between Brearley Park and the Police Station.

The above schemes were carried out as Unemployment Relief Schemes between December, 1921, and March, 1923.

17. Widening of Saltergate adjoining East Derbyshire Club.
18. Construction of New Baden Powell Road from Park Road to Baden Powell Road.
19. Widening of Malkin Street.

The above carried out as Unemployment Relief Schemes, 1922—23.

20. Construction of Springfield Avenue from Old Hall Road to Brickhouse Yard, under the Chester Street Area Town Planning Scheme.
21. Widening of Sheffield Road at the "Jug and Glass."
22. Widening of Fidler's Corner at Cutthorpe.
23. Widening of Sheffield Road at the Brushes.
24. Widening of Whitecotes Lane Corner.
25. Widening of Lockoford Lane.
26. Diversion of Spital Lane.
27. Widening of High Street, New Whittington, by Springwell Row.
28. Widening of Storrs' Road.
29. Widening of Jawbones Hill.
30. Widening of Derby Road opposite Tube Works.
31. Widening of Brimington Road and Bridge.
32. Widening of Gluman Gate Corner.

33. Widening of Eckington Road.
34. Widening of Vincent Crescent.
35. Widening of Barker Lane under Chester Street Area Town Planning Scheme.

The following five schemes are at present being carried out as Unemployment Relief Works for the winter, 1925—26:

1. Widening of Handley Road from its junction with Eckington Road to the Borough boundary.
 2. Construction of New Street from St. John's Road to Dunston Road—Work No. 12, Corporation Act, 1923.
 3. Construction of New Street from Pottery Lane to Brimington Road—Work No. 13, Corporation Act, 1923.
 4. Widening of Highfield Lane.
 5. Widening of Boythorpe Road under the Corporation Act, 1923.
-

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

Whilst some improvement has taken place in the quality of the milk supply in recent years, it is still far from satisfactory from the point of view of cleanliness. The milk business is in the hands of a large number of small producers and distributors, many of whom have not the plant and equipment necessary to produce clean milk. There is no licensed producer or distributor of milk under special designations in Chesterfield, although two producers distribute bottled milk.

There is undoubtedly scope for further enterprise in this direction. The milk trade would do very well to imitate the fruit trade, which has made such enormous strides in supplying a great variety of fruit of excellent quality under admirable hygienic conditions. I am informed, on good authority locally, that there is ten times the quantity of fruit consumed in Chesterfield to-day compared with ten years ago. This increase must be an important factor in the striking improvement which has taken place in the public health in the last decade.

There is room for a ten-fold increase in the consumption of cows' milk with obvious advantage to the milk trade and incalculable benefit to the health of the child population. **Every** growing child up to and beyond school age should have at least a pint of raw milk daily.

Bacteriological Examination of Milk.

During the year 109 samples of milk from 855 cows were obtained for bacteriological examination. 90 samples from 693 cows were from town cowsheds, while 19 samples from 162 cows came from country cowsheds. Tubercle bacilli were found in eight of the samples coming from 73 cows. To determine the individual beasts giving tuberculous milk, 24 further samples from 58 cows were obtained. In 4 herds, containing 44 cows no positive result was obtained, removal of beasts having taken place in each herd. The certificate relating to one sample which came from a country cowshed was handed to the County Police to deal with under the new Order. In three other cases the individual beasts were found and slaughtered.

Summarised Results.

Number of Registered Cowsheds	...	...	...	...	82
Number of Cows housed	...	...	...	...	699
Number of Retail Purveyors of Milk	...	...	...	...	116
Number of Retailers who are also Cowkeepers residing outside the Borough	...	...	...	...	56
Number of Inspections made of Cowsheds and Dairies...	...	...	...	...	335
Number of Samples of Mixed Milk examined for Tubercle Bacilli	...	...	...	...	85
Number of Cows producing the Mixed Milk Samples	...	...	...	...	797
Number of Samples certified as Tuberculous	...	...	...	...	8
Percentage of Cows giving Tuberculous Milk	...	...	...	...	1
Number of Secondary Samples obtained to isolate the cows giving Tuberculous Milk	...	...	...	...	24
Number of Cows' Milk examined a second time	...	...	...	...	58

(b) Meat.

Meat inspection is carried out by three Sanitary Inspectors—Messrs. Carter, Hale and Teasdale, in their respective areas of the Borough. This has been much facilitated and rendered more complete and effective by the Public Health (Meat) Regulations, 1925.

These Regulations require any person slaughtering an animal for sale for human consumption to notify the Department of the time and place of slaughter or alternately to notify the regular periods when slaughtering will be taking place. As killings take place frequently in the evenings and occasionally on Sundays, this has caused the Meat Inspectors to turn out at these times when required. The work has, however, been carried out without the necessity of any increase in the staff.

The amount of meat and offals condemned include 1 ton 10 cwt. 3 qrs. from the inspection of 19 cows which were dealt with under the Tuberculosis Order, 1925. Five of these

animals were from Borough cowsheds, the remaining 14 being animals brought from the area outside, to be slaughtered in a Borough slaughter-house, but under the jurisdiction of the Chesterfield County Petty Sessional Division. In each of these 19 cases notification as required by the Meat Regulations was given.

The following figures summarise the results of Meat Inspection in 1925:—

	Tons.	Cwts.	Qrs.	Lbs.
Diseased and Unsound Beef ...	6	13	2	14
Diseased and Unsound Mutton ...		2	1	16
Diseased and Unsound Pork...	2	10	2	25
Diseased and Unsound Offals ...	4	1	1	26
Totals	13	8	—	25

	Beasts.	Calves.	Sheep.	Pigs.
No. of Animals inspected ...	2932	306	3203	7154
No. of Visits to Slaughter-houses ...				3402
Percentage of Beasts found affected with Tuberculosis				5.3
Percentage of Pigs found affected with Tuberculosis ...				3.3

The following table gives a summary of the results of meat inspection annually from 1914. The high figures for 1919 are accounted for by the complete inspection which was possible during the war period of food control. The high figures for 1925 are the results of the operation of the Public Health (Meat) Regulations, 1925:—

Year	Visits to Slaughter-houses	Diseased Meat and Organs Destroyed				Total Weight of all Food Destroyed			
		Tons	Cwts.	Qrs.	Lbs.	Tons	Cwts.	Qrs.	Lbs.
1914	699	...	9	3	10	1	4	3	10
1915	1685	...	19	1	9	2	1	2	19
1916	2181	2	10	1	23	3	7	2	19
1917	1666	1	13	...	23	3	6	2	27
1918	1589	4	2	...	6	21	2	3	12
1919	1614	15	3	3	21	39	1	...	1
1920	1380	6	13	2	6	11	6	2	21
*1921	1596	2	18	3	5	10	15	3	25
1922	951	2	15	2	24	5	15	2	24
1923	1008	3	1	...	...	6	12	3	24
1924	1417	4	6	...	4	6	1	2	11
†1925	3402	13	8	...	25	14	...	1	17

*Whittington incorporated with the Borough.

†Public Health (Meat) Regulations came into force April 1st and Tuberculosis Order on September 1st.

The Slaughter-house Problem.

There is no public abattoir in Chesterfield, but the Corporation owns a group of seven slaughter-houses in Markham Road adjoining the Cattle Market. These are let to butchers

who are responsible for the cleanliness of the premises. In addition to these there are 27 private slaughter-houses throughout the Borough of which 1 is registered and 26 are licensed. The majority of the private slaughter-houses and the group of Corporation slaughter-houses leave much to be desired from the point of view of hygiene, and the question of the provision of a public abattoir has been before the Health Committee for some years. It has been decided to postpone further consideration of a public abattoir scheme until experience shows how the Public Health (Meat) Regulations, 1925, work under present conditions. The following table indicates the number of private slaughter-houses in use in the area at the dates mentioned:—

	In Dec., 1920.	In Jan., 1925.	In Dec., 1925.
Registered ...	1	1	1
Licensed ...	34	34	33
	—	—	—
Total ...	35	35	34
	—	—	—

(c) Other Foods.

The amount of food, other than meat, found unfit for human consumption in 1925 was relatively small, and consisted of:—

	Cwts.	Qrs.	Lbs.
Tinned Fruits, Fish, etc. ...	4	2	11
Wet Fish ...	4	—	14
Shell Fish ...	2	3	20
Rabbits ...	—	2	3
	—	—	—
Total ...	12	—	20

Bakehouses.

There are 29 bakehouses in the town, all of which are above ground level. Seventeen have motors for driving their mixing machines and are also provided with modern ovens. The remaining twelve are connected with retail shops. With one exception the bakehouses have the town's water laid on, and with two exceptions towels and washing requisites are supplied for staff.

In two bakeries mechanical power is used for wrapping and sealing the bread—a most desirable hygienic precaution against contamination in handling.

(d) Food Poisoning.

No case of food poisoning has been brought to my notice in 1925.

(e) Sale of Food and Drugs Acts.

During the year 206 samples of food were obtained and submitted for examination by the Public Analyst, Mr. G. E. Scott-Smith. Of these 28 or 13.5 per cent. did not comply with the standard adopted by the Board of Agriculture.

Nature of Food			No. of Samples obtained	Number Genuine	Number below Standard	Prose- cutions	Convic- tions	Total of Penalties
Milk	...	...	159	131	28	5	5	£40 12 6
Butter	...	...	23	23	—	—	—	—
Lard	...	...	9	9	—	—	—	—
Cheese	...	...	3	3	—	—	—	—
Ground Ginger	...	...	2	2	—	—	—	—
Pepper	...	...	1	1	—	—	—	—
Cream	...	...	1	1	—	—	—	—
Cream (preserved)	...	...	8	8	—	—	—	—
			206	178	28	5	5	£40 12 6

Results of Prosecutions under Food and Drugs Acts.

Date 1925	Sample No.				£	s.	d.
26 Mar.	211	Producer	Milk deficient in fat to the extent of 50 per cent.	Convicted	5	12	6
23 Apr.	225	„	Milk containing 28.9 per cent. of added water.	„	15	0	0
26 Apr.	226	Purveyor	Sample deficient in milk fat to the extent of 18.3 per cent.	„	10	0	0
3 June	249	„	Sample deficient in milk fat to the extent of 9.3 per cent.	„	5	0	0
21 June	263	„	Sample deficient in milk fat to the extent of 14.3 per cent.	„	5	0	0

Summary of Work for the last Five Years.

Year	Number of Samples obtained	Number genuine	Number below standard	Per cent.	Cau- tioned	Pros- ecuted	Amounts of fines and costs imposed		
1921	172	158	14	8.1	12	2	5	2	0
1922	178	154	24	13.4	12	...	...		
1923	205	188	17	8.3	17	...	...		
1924	205	191	14	6.8	12	2	10	0	0
1925	206	136	28	13.5	23	5	40	12	6

(f) Public Health (Milk and Cream) Regulations, 1912.

1. *Milk and Cream not sold as Preserved Cream.*

	No. of Samples examined for the presence of a Preservative.	No. in which a Preservative was reported to be present.
Milk	159	—
Cream	1	—

2. *Cream sold as Preserved Cream.*

(a) No. of samples submitted to the Borough Analyst to ascertain if the statements on the label as to preservatives were correct:—

(1) Correct statements made	8
(2) Incorrect statements made	—

(b) Determinations made of milk fat in Cream sold as Preserved Cream:—

(1) Above 35 per cent.	8
(2) Below 35 per cent.	—

INFECTIOUS DISEASES.

The following table gives the number of infectious diseases notified or otherwise coming to the knowledge of the Health Department during the last five years:—

Disease	1921	1922	1923	1924	1925	Total for five years
Diphtheria	128	98	58	65	77	426
Scarlet Fever	100	91	76	88	216	571
Enteric Fever (including Paratyphoid)	5	7	9	10	3	34
Puerperal Fever	3	5	2	7	6	23
Measles	323	623	1196	...	...	2142
Enteritis	47	2	6	19	16	90
Erysipelas	18	12	10	12	45	97
Pneumonia	42	35	90	96	114	377
Ophthalmia Neonatorum	16	9	4	7	11	47
Encephalitis Lethargica	1	...	1	7	11	20
Acute Poliomyelitis ...	2	...	...	...	...	2
Smallpox	...	1	32	518	77	628
Chickenpox	...	...	33	178	389	600
Cerebro-Spinal Fever ...	...	1	...	...	...	1
Tuberculosis:—						
(a) Pulmonary { M. 45 44 45 40 46 220						
F. 51 47 50 42 38 228						
Total 96 91 95 82 84 448						
(b) Non-Pulmonary { M. 10 8 10 12 4 44						
F. 7 13 6 9 6 41						
Total 17 21 16 21 10 85						

Notifiable Diseases (other than Tuberculosis) during the year
1925.

Disease	Number of Cases Notified.								Cases admitt'd to Hospit'l	Deaths
	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and over	Total		
Smallpox ...	4	8	20	20	11	11	3	77	76	1*
Scarlet Fever ...	3	89	106	15	3	...	...	216	181	1
Diphtheria ...	...	37	32	7	...	1	...	77	70	10
Enteric Fever (including Para- typhoid) ...	...	...	...	2	...	1	...	3	2	...
Puerperal Fever ...	...	...	...	...	6	...	...	6	...	...
Pneumonia ...	10	37	17	13	17	12	8	114	...	79
Erysipelas ...	1	...	5	8	10	12	9	45	2	...
Ophthalmia Neonatorum ...	11	...	...	...	...	...	...	11	...	...
Chickenpox ...	22	120	236	7	4	...	...	389	...	...
Encephalitis Lethargica ...	...	2	3	3	2	...	1	11	5	6
Enteritis (under 2 years) ...	8	8	...	...	...	...	...	16	...	5
Totals ...	56	304	419	75	53	37	21	965	336	102

Tuberculosis—New Cases and Mortality during 1925.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ...	...	...	...	...	...	...	...	...
1 to 5 ...	...	1	...	1	...	1	...	...
5 to 10 ...	1	3	...	...	...	...	...	...
10 to 15 ...	...	1	...	...	...	...	...	...
15 to 20 ...	4	9	1	2	2	6	2	...
20 to 25 ...	5	8	...	1	1	7	2	1
25 to 35 ...	10	8	2	...	10	9	1	3
35 to 45 ...	9	6	...	...	10	...	...	2
45 to 55 ...	8	2	...	...	7	1	...	1
55 to 65 ...	5	...	...	1	5	1	...	...
65 and over ...	3	...	1	...	2	...	...	...
Totals ...	45	38	4	5	37	25	5	7

*NOTE.—The one death registered as due to Smallpox was certified by me as caused by *Chronic Nephritis*.—R.P.G.

Non-Notifiable Tuberculosis Deaths.

The 74 deaths from tuberculosis include 16 which had not been previously notified as cases of tuberculosis. 7 of these were pulmonary and 9 non-pulmonary. The majority of the latter were infants and young children who died from acute tuberculous conditions like tuberculous meningitis. No action was taken on account of the failure to notify.

Bacteriological Work.

All bacteriological work in connection with the diagnosis and control of infectious diseases is carried out at the County Health Laboratory, Derby. The following is a summary of this work for the year 1925 :—

			From Health Department—		From General Practitioners—	
			Positive.	Negative.	Positive.	Negative.
Diphtheria	...	...	1	42	13	64
Pulmonary Tuberculosis			—	3	33	76
Enteric Fever	...	...	—	10	3	7
Miscellaneous	...	...	60	111	3	2
			—	—	—	—
Totals	...		61	166	52	149
			—	—	—	—

Artificial Immunity against Diphtheria and Scarlet Fever.

It has to be confessed that the usual methods employed for the control of infectious diseases—isolation of the infectious patients in hospital, disinfection of rooms, bedding, etc., exclusion of contacts from school and so on, have not proved so successful in controlling or eradicating diphtheria and scarlet fever as was anticipated when special fever hospitals were erected all over the country. This failure has stimulated research in other directions, and in recent years a great deal of work has been done in different parts of the world—chiefly America and Britain—with a view to finding some means of rendering individuals immune from these diseases. Interesting discoveries have been made. For example, by means of the “Shick” test it is possible to distinguish between individuals who are naturally immune to diphtheria (that is people who will not take the disease however much they are exposed to the infection) and individuals who are susceptible and who will probably develop diphtheria whenever the germs are conveyed to them. Further, by the injection of “toxin-anti-toxin mixture” the susceptible individual can be rendered immune. Thus science has placed at our disposal means for the complete eradication of diphtheria from the community, if the community desires this and if it is willing to pay for it. But there are big “ifs.” Firstly, does the community desire it? Recent experience in regard to vaccination against small-pox makes me very doubtful as to whether artificial

immunisation against diphtheria would ever be popular in an industrial community like Chesterfield.

Then there is the question of cost and the best means to adopt to render the method available to the community. The present method of carrying out public vaccination—by public vaccinators under the Guardians should not be adopted; nor is it work for the medical staff of the Health Department. The private medical practitioner is the person most favourably placed and best fitted to undertake such work either in his private capacity or for the Public Health Authority. So far as I am aware, no Shick testing or immunisation has been done in Chesterfield.

The discovery of the “Shick test” for diphtheria and the method of rendering people immune from this disease, has been followed by similar discoveries in relation to scarlet fever. The “Dick test” enables us to distinguish those who are liable to take scarlet fever from those who are not, and the former may be rendered immune by the injection of scarlet fever toxin.

Chesterfield Joint Isolation Hospital—“Penmore.”

Medical Superintendent—The Medical Officer of Health.
Matron—Miss L. Shepherd.

The isolation hospital for the Borough of Chesterfield and the adjoining Brampton and Walton Urban District is situated near the southern boundary of the Borough just off the Mansfield Road in Hasland Ward. It has accommodation for 56 fever patients, and in the adjoining tuberculosis pavilion, owned by the County Council, there are beds for 18 male cases of advanced pulmonary tuberculosis. The following table gives the number of cases admitted, discharged, and the number of deaths during the past five years:—

Penmore Hospital.

	1921			1922			1923			1924			1925		
	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.
Scarlet Fever ...	66	51	1	59	66	1	52	53	...	60	54	...	189	161	...
Diphtheria ...	75	84	5	68	58	6	42	44	...	34	35	...	70	36	9
Enteric Fever ...	6	5	1	4	4	...	8	...	3	11	15	...	3	4	...
Measles ...	5	5	...	6	6	...	15	13	1	1	2	...	7	7	...
Encephalitis Lethargica	1	1	...	...	...	...	1	1	...	5	4	1	5	2	3
Erysipelas ...	3	2	1	...	...	...	...	...	...	1	1	...	2	2	...
Puerperal Fever ...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	1
Whooping Cough ...	1	...	1	1	1	...	...	...	...	...	...	...	...	...	...
Infantile Diarrhoea ...	2	1	1	...	...	...	...	...	...	...	...	...	1	...	1
Infantile Paralysis ...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever ...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Nephritis ...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Foot and Mouth Disease	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Meningitis...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
Pneumonia ...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...
Sepsis ...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...
Totals ...	162	152	10	144	140	8	119	112	4	116	115	1	278	232	14

Tuberculosis Pavilion.

	1921			1922			1923			1924			1925		
	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.	Adm.	Disch.	Dths.
Tuberculosis ...	31	24	8	34	33	9	40	24	11	30	22	7	38	24	15

Improvements at Penmore.

Important improvements at Penmore Hospital have been carried out by the Joint Committee during the last five years, viz.:—

- (a) Purchase of a motor ambulance to replace the horse-drawn vehicle.
- (b) The erection of two cottages on the site to accommodate the ambulance driver and the gardener.
- (c) The extension of the glass roofed verandahs of blocks 1 and 2.
- (d) The installation of electric light.
- (e) The electrification of the laundry.

These improvements have greatly increased the efficiency of this institution. Patients are more rapidly transported, and an hour gained in fetching a case of laryngeal diphtheria may make all the difference between a life saved or lost. They are nursed and treated under more favourable conditions. Patients, most of whom are children, do remarkably well at Penmore. It is quite a common thing for a puny child to get strong and well during convalescence from scarlet fever or diphtheria as a result of the generous diet of good fresh food and the open-air treatment. An attack of fever may be a blessing in disguise.

Disinfection.

All disinfection of clothing and other articles from infected houses in the Borough is carried out in the steam disinfectors at Penmore. There is no station for the cleansing and disinfection of verminous persons and their belongings.

Spital Smallpox Hospital.

Matron—Miss M. Campbell.

This hospital is situated within the Borough and is owned jointly by the Chesterfield Joint Hospital Committee and the North Derbyshire Hospital Committee.

It consists of old wood and corrugated iron buildings which, from age and disuse, had become a little dilapidated. Since their occupation during the last five years, however, they have been greatly improved. An additional bedroom and a bathroom have been added to the nurses' quarters. The maids' block has been re-roofed. A bathroom has been provided for the male ward. Thermostoves for general heating and for the supply of hot water to the bathrooms have been installed in male and female wards and in the nurses' quarters. The kitchen and larder have been enlarged and the oldest ward converted into a laundry.

These additions and alterations, together with the improved hygiene effected by the Matron, have rendered Spital Hospital a very comfortable place in which to spend the period of isolation required in Smallpox.

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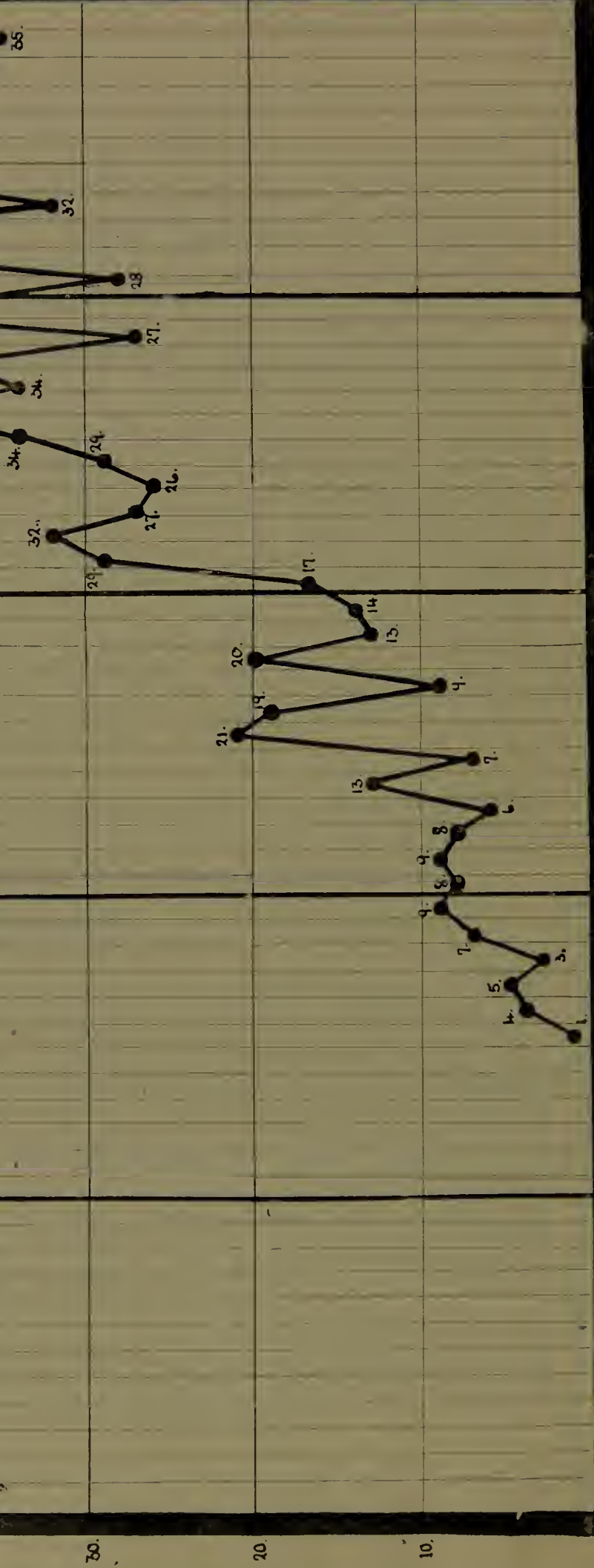
1922.

1923.

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1925.

Monthly Admissions to Chesterfield Maternity Home opened July 19th 1922.



This Chart, giving the number of mothers admitted each month to the Maternity Home since it was opened in July, 1922,
 shows the rapid rise in popularity of this Institution, which is now working at its full capacity.

MATERNITY AND CHILD WELFARE.

The Maternity Home.

Staff.

The Medical Superintendent is the Medical Officer of Health.

The Resident Medical Officer is the Assistant Medical Officer of Health.

The Obstetric Surgeon J. W. Tonks, M.B., F.R.C.S.,
 Surgeon, Chesterfield and
 North Derbyshire Royal
 Hospital.

Matron	...	...	Miss Ada Hopwood, R.R.C.
Day Sister	...	...	Miss L. Robinson.
Night Sister	...	...	Miss D. Unsworth.
Staff Nurse	...	...	Miss E. Hall.
Staff Nurse	...	...	Miss A. Smith.
Staff Nurse	...	...	Miss S. Chadwick.

A department of medical work which has come very much into prominence of late years is that connected with child bearing. The fact that the death rate and damage rate to the mothers of the nation resulting from child-bearing has not diminished with the fall in general death rate and infantile mortality rate has served to focus attention on the problem and tended to bring this sphere of medicine more and more under the control of Public Health Authorities.

In accordance with this general trend, the Chesterfield Corporation, on the advice of the then Medical Officer of Health, Dr. R. Fraser, and with the consent and approval and co-operation of the Ministry of Health, decided to spend £45,000 on a Maternity Home of 18 beds and Infants' Hospital of 14 cots. This Institution, with its associated ante-natal and infant welfare clinics, was opened in July, 1922, and has been a great success. The number of maternity cases seeking admission has increased steadily each month, until latterly the Infants' Hospital accommodation has been encroached upon by maternity cases, and on 30th September, 1925, the last of the infants' wards was closed. The 26 beds for maternity cases now provided are in full use.

A chart indicating the number of admissions each month to the Maternity Home since its opening is printed in this Report, and shows at a glance the steady increase of the work.

Closure of the Infants' Hospital.

While the closure of the Infants' Hospital may be regarded by some with regret, the prior claim of adequate provision for maternity could not be overlooked, and it must

be remembered that cots are available for infants and young children at both the Chesterfield and North Derbyshire Royal Hospital and at the Infirmary.

The total number of infants and children admitted to the Infants' Hospital from its opening in 1922 up to its closing in September, 1925, just over three years, was 143.

The majority of the children were suffering from errors of diet. The routine diet employed at the Infants' Hospital was cows' milk, raw and undiluted, or diluted with water and with sugar added according to the age and requirements of the infant. The milk supply was tested monthly for tubercle bacilli and always found free from these germs. The results achieved by this simple routine, which was never departed from, were excellent, and confirmed us in our opinion that ordinary cows' milk is the ideal food for infants. Many of the infants who, previous to their admission, had been fed on a variety of patent infants' foods, took some time to settle to cows' milk, but with the patience and perseverance of the very capable Sister in charge of the infants' wards—Miss Batteson—the worst cases of wasting were transformed into thriving infants.

The work thus achieved at the Infants' Hospital must not be regarded therefore as confined to the 143 infants who occupied cots there, but is reflected in the confidence with which simple milk diet can be advocated by the staff of Health Visitors in their work in the homes of the people.

Ante-Natal Clinic.

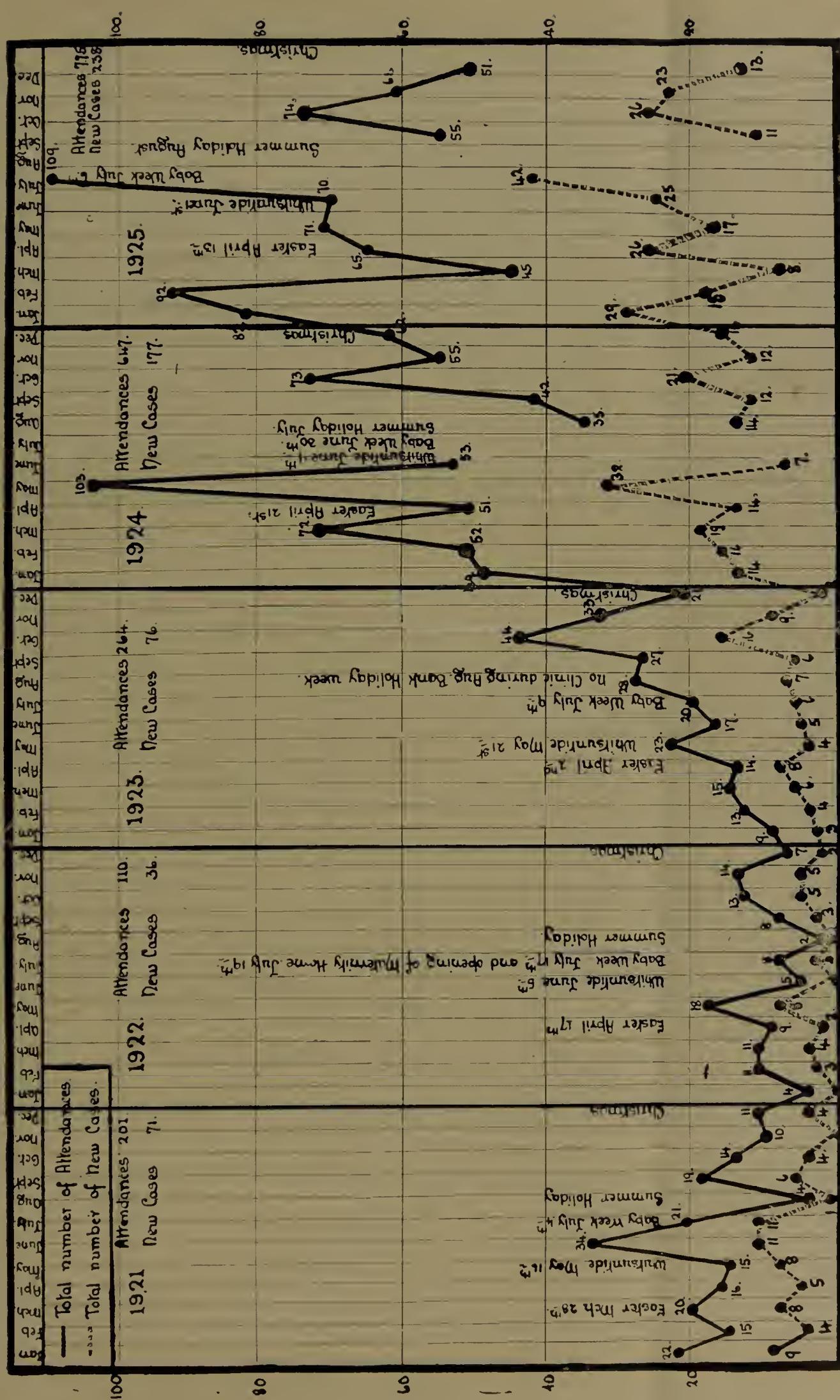
A feature of the past few years is the rapid development of the work of the Ante-natal Clinic. This is indicated graphically in the accompanying chart which gives the total attendances each month for five years, and also the numbers of new cases attending each month. The Clinic is taken by Dr. Griselda Dow once weekly on Thursday afternoons. Some of the monthly figures indicated on the chart represent the attendances at five such Clinics (there being five Thursdays in some months). The close association of the Ante-natal Clinic with the Maternity Home in the same building has done much to secure the success of both branches of the work.

The number of first attendances in 1925 was 238 (compared with 168 in 1924), and re-attendances numbered 537 (472 in 1924).

Infant Welfare Centres.

The work of the Infant Clinics at the centre at the Maternity Home continues to expand. The attendances at Whittington Moor and New Whittington Clinics are slightly lower than in 1924, due possibly to changes of staff. The following table indicates the work at these centres:—

ANTE-NATAL CLINIC



This chart shows at a glance the growth of the ante-natal work during the last five years. The upper curve indicates the total attendances of expectant mothers at the clinic each month, and the lower (interrupted) curve the numbers of new cases each month. The clinic is open every Thursday afternoon (Some of the monthly figures therefore represent five consecutive clinics).

	No. of Infants and Children attending	Total Attendances made	Average Weekly Attendance
Maternity Home (North and Central Wards)	411	2192	49
Maternity Home (West Ward)	272	1313	29
Maternity Home (South Ward)	249	1666	37
Adult School, Whittington Moor... ..	199	1372	31
Adult School, New Whittington	94	837	19
Totals	1225	7380	167

I should say that these very satisfactory figures are not achieved by holding out to the mothers such attractions as dried milk or other foods at cost price. The sale of these has steadily diminished and is now quite a negligible factor. Nor are the infant clinics glorified dispensaries for the treatment of ailing babies. No medicines or prescriptions are given and sick babies are referred to their family doctors or the Royal Hospital. It can, therefore, be said truthfully that the mothers come and bring their babies, not for what they can get, but for what they can learn.

Co-ordination of infant welfare work with the work of the school medical service is secured by the medical staff of both departments being the same. Two of the five Health Visitors are also part-time School Nurses. The work is also helped by the constant willingness of the staff of the Royal Hospital to see cases referred to them by the Medical Officer in charge of the Infant Welfare Centres.

Home Visiting of Infants and Expectant Mothers by the Health Visitors.

First Visits to Infants		1474
Re-visits to Infants		8126
First Visits to Expectant Mothers		149
Re-visits to Expectant Mothers		27
Sanitary Defects reported to Sanitary Inspectors		58

Supply of Milk to Expectant and Nursing Mothers and Children under three years.

Milk is supplied free or at half-cost under certain conditions in accordance with a scale of income adopted by the Maternity and Child Welfare Committee and approved by the Ministry of Health. Early in 1921 milk to the value of £3 to £5 weekly was supplied. During the stoppage in the coal-mining industry in 1921 this figure rose to over £140 in one week, falling again rapidly on the termination of the dispute to £18 at the end of the year. During 1922 it fluctuated between £6 and £25 weekly. In 1923 it averaged about £7,

and in 1924 about £6 weekly. During the first half of 1925 it maintained a fairly steady level at about £5 per week, and during the second half of the same year it averaged about £9 per week. The totals for the five years are:—

1921	...	...	£1911
1922	...	...	£611
1923	...	...	£359
1924	...	...	£323
1925	...	...	£381

Puerperal Fever.

The numbers of notifications and deaths in the last five years are as follows:—

	Notifications.		Deaths.	
1921	...	3	...	—
1922	...	5	...	2
1923	...	2	...	4
1924	...	7	...	2
1925	...	6	...	—

Notified cases are attended by the District Nurses unless other special arrangements are made. In special circumstances cases of puerperal fever are admitted to Penmore Isolation Hospital, but more cases are admitted to the Royal Hospital where the facilities for adequate surgical attention are complete.

Ophthalmia Neonatorum.

Cases							Deaths
Notified	Treated		Vision	Vision	Total	blindness	
11	At Home	In Hospital	unimpaired	impaired			
	10	1	11	...	...	...	...

The arrangements for dealing with ophthalmia neonatorum are adequate and efficient. The District Nurses attend immediately the case is notified, and go on attending every few hours if the case demands it till the inflammation of the eyes has subsided. So successful has this scheme been that in the period under review (1921—1925) not a single eye treated by the District Nurses was lost or seriously damaged.

Other Infectious Diseases of Infancy and Childhood.

Measles, whooping cough, epidemic diarrhoea, poliomyelitis in children under five are also nursed by the District Nurses for the Maternity and Child Welfare Committee. There is nothing specially noteworthy about these infectious diseases in Chesterfield during the last five years.

ANNUAL REPORT

OF THE

School Medical Officer,

BOROUGH OF CHESTERFIELD,

FOR THE

Year ending December 31st, 1925,

By R. P. GARROW, M.D., D.P.H.

BOROUGH OF CHESTERFIELD.

Education Committee, 1925-26.

THE MAYOR, Alderman H. Cropper (Chairman).

COUNCILLOR VIOLET MARKHAM (Vice-Chairman).

Members:

ALDERMAN HOLDEN.
COUNCILLOR EASTWOOD.
COUNCILLOR HARRISON.
COUNCILLOR MOORE.
COUNCILLOR PHILPOTT.
COUNCILLOR ROBINSON
COUNCILLOR TWELVES.
COUNCILLOR WICKS.

Co-opted Members:

ALDERMAN CLAYTON.
A. C. BESCOBY, Esq.
Dr. McGINNIS.
T. TURNBULL, Esq.

To the Chairman and Members of the Chesterfield Education
Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the work of the School Medical Service in the Borough of Chesterfield for the year ending December 31st, 1925.

Although there are no fresh developments to report, some progress has been made in a matter to which the Board of Education has drawn your Committee's attention during the year, namely, the ascertainment of defective or exceptional children (Table 3). This department of the work continues to occupy the attention of your Medical Officers during the current year, and it is hoped that a more complete census of these children will be ready for next year's Report.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. P. GARROW.

1. STAFF.

School Medical Officer.

R. P. Garrow, M.D., D.P.H. (who is also Medical Officer of Health, Maternity and Child Welfare Medical Officer, Medical Superintendent Penmore Isolation Hospital and Spital Smallpox Hospital, Medical Superintendent Maternity Home, and Police Surgeon).

Assistant School Medical Officer.

Griselda A. Dow, M.A., B.Sc., M.B., Ch.B. (who is also Assistant Maternity and Child Welfare Medical Officer and Resident Medical Officer Maternity Home).

School Oculist.

T. E. Ashdown Carr, M.B., Ch.B.

School Dentist (part time).

A. Roydon Littlar, L.D.S.

School Nurses.

Mrs. Johnson, General Training, C.M.B., State Registered Nurse.

Miss Passey, General Training, C.M.B., Health Visitor's Certificate, Certificate Sanitary Inspector.

In addition, two of the five Health Visitors carry out the Cleanliness Inspections in the schools of their respective areas.

Clerical Staff.

Miss K. M. Shaw (who is also clerk in the Health Department).

Miss Hudson.

Miss Cropper.

2. CO-ORDINATION OF THE SCHOOL MEDICAL SERVICE WITH OTHER HEALTH SERVICES.

The combined appointments of your medical staff as set out above naturally result in the most complete co-ordination of the work of the School Medical Service with the other health services of the Borough. As Chesterfield is not a

County Borough the Tuberculosis Service is administered by the County Council. Doubtful cases seen at School Medical Inspection or at the School Clinic are referred for a further opinion to the County Tuberculosis Officer at the Dispensary in Brimington Road. Bacteriological work in connection with infectious disease amongst the school children is done in the County Laboratory in Derby.

3. SCHOOL HYGIENE.

In my 1923 Report I referred to the opening of the new semi-permanent school of open-air type at Jawbones Hill, and in the Report for 1924 mention was made of a similar new school at Old Road. Plans for two more schools of the same type, one at Boythorpe and the other at Highfield, are now before your Committee and the Board of Education. These schools are a great advance hygienically on the older school buildings, some of which leave much to be desired in regard to the elementary essentials of healthy conditions for the children—heating, lighting, ventilation, arrangement of rooms, playgrounds and sanitary accommodation.

4. ROUTINE MEDICAL INSPECTION AT THE SCHOOLS.

Routine medical inspection at the schools of the three code groups—Entrants, Intermediates and Leavers—was carried out in the forty-two departments throughout the Borough. The total number of medical inspections and re-inspections at the schools and at the Clinic was 5,956 or nearly two-thirds of the children in average attendance at the schools.

5. FINDINGS OF ROUTINE MEDICAL INSPECTION— REVIEW OF THE FACTS DISCLOSED.

The number and nature of the defects found in the course of medical inspection are set out in Table 2. Defective teeth occupies first place in order of numerical importance. Neglect

of the teeth during childhood may be the cause of ill health and suffering both during school years and later in life. Every opportunity is taken to impress the parents attending medical inspection with the great importance of the hygiene of the mouth, and some progress is being made in this direction as the steadily increasing numbers of children attending the Dental Clinic testify.

The large number of children regarded as suffering from "Malnutrition" (273) requires some explanation. It includes all children definitely below normal in flesh—that is to say the strikingly thin children. It does not necessarily follow that all of these children are not receiving sufficient food. It is common knowledge that in some families where means are adequate and food is abundant the children, or some of them, may be very spare of flesh. The same is true of men and women at all stages of life. Fatness and thinness are features not fully understood. But allowing for this, the fact remains that there is a good deal of malnutrition dependent upon inadequate or unsuitable nourishment. The most neglected article of diet is milk, the greatest of all foods during the growing years. It is common for one pint daily to be the total consumption of milk of a family of four to eight or more growing children. Your Medical Officers and School Nurses are continually preaching the gospel of fresh milk in the treatment of malnutrition, anæmia, debility, and most of the general ailments of school children.

Third in numerical order amongst defects found are conditions relating to the eyes—inflammations of the eyelids, conjunctiva, cornea and defective vision and squint. It is impossible to lay too much stress on the importance of early attention to eye defects. If neglected, they may cause irreparable damage to vision, impede educational progress, and impair earning power after school life. The parents are urged to secure treatment till the defects are remedied, either by their own doctors, the eye department of the Hospital or the School Clinic, and generally parents are sufficiently alive to the urgency of the matter to secure proper attention for their children's eyes.

Skin diseases—mostly of an infectious nature like impetigo, and affections of the nose and throat, and affections of the heart and lungs, all come under notice frequently in the course of routine inspection, and in all serious cases the parents are urged to see their family doctors if they are not already in attendance.

Adding the totals of columns 2, 3, 4 and 5 of Table 2, it is found that 4,463 defects of one kind or another were found. Many of these are of a trifling nature and need cause no anxiety. Others indicate the necessity for special care or

specific treatment, and the whole benefit of routine medical inspection lies in drawing the attention of teachers and parents to the defects found and explaining their significance.

6. INFECTIOUS DISEASES.

During the year 1925 head teachers notified the School Medical Officer of 376 cases of infectious disease, chiefly measles (135), chickenpox (96), mumps (71), and whooping cough (69). Scarlet Fever has also been very prevalent throughout the Borough. After eighteen months' prevalence, small pox subsided in the early part of the year when the number of vaccinated persons increased sufficiently to render its further spread impossible. As always, it was **entirely** confined to those persons who were not protected by vaccination. No school or department was closed on account of infectious disease.

7. FOLLOWING UP.

Parents are urged at routine inspection to obtain their doctor's further advice and treatment for defects found. Head teachers are informed of the defects at the time of inspection so as to be in a position to observe the children's progress. Children with their parents are invited to the School Clinic for re-inspection and to ascertain whether treatment has been obtained and to observe the effect. The School Nurses at cleanliness inspections, which take place four times at each school in the course of the year, refer special cases requiring attention to their doctor or the Clinic. They also visit the homes of cases in which parents do not accompany their children to the School Clinic in order to explain to the mothers the treatment required and the importance of securing it. The School Attendance Officers are in touch with many of the worst cases and are constantly referring them to the Clinic. Members of the various District Committees of the Borough Welfare Committee, who frequently have personal knowledge of the family circumstances of special cases, refer these to the School Clinic or to the Royal Hospital. A special Invalid and Crippled Children Sub-Committee of the Borough Welfare Committee has been brought together by Miss Harford, Secretary of the Borough Welfare Committee, to take special care of delicate and crippled children and to ensure that medical and surgical supervision and treatment are being obtained.

8. MEDICAL TREATMENT.

The cases treated at the School Clinic are detailed in Table 4. They include minor ailments—skin diseases, external eye diseases, sores, etc., to the number of 546 cases, which made 5,215 attendances. This represents an average of about 25 treatments carried out by the School Nurse daily during 40 weeks in the year.

Defective vision is attended to by the School Oculist, Dr. T. E. Ashdown Carr, on Thursday afternoons at the School Clinic. The cases treated numbered 353 and 198 pairs of glasses were prescribed.

The operative treatment of defects of nose and throat is not undertaken at the School Clinic. Cases requiring operation are referred to the Hospital and 35 cases were operated on during the year.

The work of the School Dentist, Mr. A. Roydon Littlar, who devotes half his time (six morning sessions per week) to it, has increased continuously from its inception in 1922. Dental inspections numbered 4069 in 1925 as against 3072 in 1924, and cases treated 1,755 compared with 1,581. Further details of this work are given in Table 4.

9. OPEN-AIR EDUCATION.

Open-air education continues to receive more attention, and when weather permits open-air classes are held in the playgrounds at many of the schools. As already indicated under "School Hygiene" the new schools of the Borough are being built after the open-air type.

In 1925 a Rotary Summer Camp for boys and girls was established through the generosity of Rotarian Arthur Townrow. It is beautifully situated at an elevation of nearly 1,000ft., about four miles from Chesterfield on the upland moor between Chesterfield and Matlock. Two wooden buildings provide sleeping accommodation for 21 persons, and there are dining room, recreation room, kitchen and larder. The accommodation can be increased by the use of tents. In 1925 eleven boys and eleven girls from the elementary schools were sent to this Camp by the Rotary Club and thirteen boys and twelve girls were sent by the Education Committee. Eleven boys and thirteen girls for whom half expenses were paid by the Education Committee were also sent to the Camp. It is available for use by any organisation of boys or girls under

responsible supervision during the summer months. It is anticipated that this Camp will be fully occupied during the summer months when it becomes better known. It is hardly necessary to emphasise the gain to health for children, especially the poorer children, which results from a week or fortnight in pure fresh air and sunshine, away from the smoke of the town, especially when this change is accompanied by abundance of wholesome food and the "early to bed early to rise" routine of camp life, together with the exercise and recreation of the daily programme.

10. PHYSICAL TRAINING.

There is no organiser of physical exercise in the Borough. The joint scheme under consideration between the Borough of Chesterfield and the County of Derby mentioned in my last Annual Report has not matured. Physical exercises are given at all the schools, and children unfit for these are excluded from exercise by the School Medical Officers.

11. SCHOOL MEALS.

No school meals have been provided since 1921.

12. SCHOOL BATHS.

Upwards of 10,000 visits annually are made by the elementary school children of the "Old Borough" to the swimming bath in the basement of the Central School. There are no other school baths in the Borough.

13, 14, 15, 16. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY WORKERS.

The most complete and harmonious co-operation exists amongst parents, officials of the Education Committee, and the voluntary social workers of the town in the interests of the school children. Voluntary social service in Chesterfield is organised under the Borough Welfare Committee of the Corporation.

Constitution of Borough Welfare Committee.

This Committee is appointed annually by the Town Council at its annual meeting and consists of fourteen Members of the Town Council, twenty persons interested in social work, two representatives (usually Chairman and Hon. Secretary) from each of the seven District Committees of the Borough Welfare Committee, and one representative from each of the following bodies:—

- The Chesterfield Board of Guardians.
- The Local Employment Exchange.
- The County Tuberculosis Committee.
- The Chesterfield Royal Hospital.
- The National Union of Teachers.
- The Head Teachers' Association.
- The National Union of General Workers.
- The Free Church Council.
- The Church of England.
- The Roman Catholic Church.
- The County Insurance Committee.
- The Council of Friendly Societies.
- The National Society for Prevention of Cruelty to Children (local branch).
- The Police Court and Prison Gate Mission.
- The War Pensions Office.
- The Chesterfield Federation of Church of England Men's Societies.
- The Chesterfield Adult School.
- The Society of St. Vincent de Paul.

The Chairman of the Borough Welfare Committee is a Member of the Town Council (the present Chairman is Alderman George Clark, J.P.). The Secretary of the Committee is Miss M. Letitia Harford, and there are two clerks in the Borough Welfare Office adjacent to the Health Office and School Clinic in Saltergate. The Borough Welfare Office is

virtually a department of the Health Department, the staff, subject to the direction of the Borough Welfare Committee, being under the control of the Medical Officer of Health.

Duties of Borough Welfare Committee.

The Borough Welfare Committee, through its seven District Committees, Office Staff and Executive Committee, carries out a well co-ordinated scheme of social work, including work for—

- (a) The Maternity and Child Welfare Committee.
- (b) The Education Committee.
- (c) The County Tuberculosis Committee.
- (d) The Care of the Blind (in affiliation with the Derbyshire Association for the Care of the Blind).
- (e) Welfare of Ex-Service Men and their Dependents in co-operation with—
 - The Derby County Relief Fund.
 - The United Services Fund.
 - The Soldiers', Sailors', and Airmen's Families' Association.
 - The Local War Pensions Committee, and
 - The British Legion.
- (f) Mental Welfare Work (in affiliation with the Central Association for Mental Welfare and the Mental After-Care Association).
- (g) General Social Service in co-operation with—
 - The Board of Guardians.
 - The N.S.P.C.C.
 - The Rescue and Preventative Home.
 - The Police Court Missioner.
 - Other voluntary agencies.
- (h) The Maintenance of a Visiting Nursing Service.

Borough Welfare Committee's Work for School Children.

The scheme of work for school children includes—

- (1) The following up of the cases referred from the School Clinics by the School Medical Officer.
- (2) The issue of glasses or appliances, either free or at part cost, for necessitous school children.
- (3) The care of physically defective school children, especially those excluded from school.
The care of mentally defective children, as follows:—

- (4) To make enquiries as to the home conditions, care and control of mentally defective children about to be notified under Section 2 (2) (b) of the Mental Deficiency Act, 1913.
- (5) To visit all educable defectives between the ages of 7 and 16 who are attending school, or who are exempted from school attendance.
- (6) To report to the School Medical Officer on those cases where the home conditions, or the behaviour of the defective appears to be such as to make institutional care desirable.
- (7) To undertake the after-care of educable defective children.

Towards the end of 1924 "The Derbyshire Times" appealed for funds to give the children of the unemployed a Christmas Treat. So successful was this appeal that after all the expenses of the Treat were paid there remained a balance of £381 9s. 4d., which was handed over to the Borough Welfare Committee to administer as a Boot Fund for the supply and repair of boots for needy children. This has proved a great boon, and so well has the Boot Fund Sub-Committee carried out its work that one rarely sees children in the schools without sound footgear, and when found they can be speedily helped by being referred to the Borough Welfare Committee.

In this and in many other ways the Borough Welfare Committee, in co-operation with Teachers, Attendance Officers, Medical Officers and others, carries out important health work for the school children.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) Ascertainment.

More of your Medical Officers' time has been devoted to the problem of ascertainment of the exceptional children referred to in Table 3. Every effort has been made to render these returns complete, and this work continues to engage our attention in 1926.

(b) Special Schools.

We have no Special Schools for Defective Children recognised by the Board of Education. The totally blind and totally deaf children are maintained by your Committee at Certified Schools for Blind and Deaf Children. Whenever new cases

are ascertained, arrangements are made for their admission to Special Schools. For other exceptional children the only special provision is the Class at the Settlement, at which 19 children made 1,023 attendances in 1925. H.M.I. has recommended that this Class should have a specially trained teacher and be attached to Hipper Street School and be recognised by the Board of Education and approved for grant. The only obstacle to this course is the difficulty in securing the services of a specially trained teacher. It is proposed that two teachers now under the Education Committee should undergo special training in the education of dull and backward children, and that one of these should devote half time to the Class at the Settlement and half time to a Special Class at Brampton School. The other would be similarly employed at two Schools in the Whittington area.

Dull and backward children are segregated in a Special Class at Whittington Moor Infants' School.

18. NURSERY SCHOOLS.

There are no Nursery Schools in Chesterfield.

19. SECONDARY SCHOOLS.

20. CONTINUATION SCHOOLS.

These are under the County Council.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Children between 12 and 14 undertaking part-time employment are examined and certified fit for such employment by the School Medical Officer. The number certified in 1925 was 178, and 1 was refused a certificate.

22. SPECIAL ENQUIRIES.

No special enquiry was carried out. The ordinary routine work of the School Medical Service is more than enough to occupy fully the time available of the School Medical Officer and Assistant School Medical Officer.

TABLE 1.

Return of Medical Inspections.

A. Routine Medical Inspections.

Number of Code Group Inspections:—

Entrants	...	...	...	...	...	947
Intermediates	...	...	...	...	...	742
Leavers	...	...	...	...	...	992
Total						2681

Number of other Routine Inspections	...	...	860
-------------------------------------	-----	-----	-----

B. Other Inspections.

Number of Special Inspections	...	...	...	1542
Number of Re-inspections	...	...	...	873
Total				2415

TABLE 2.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

Defect or Disease.	Routine Inspections		Specials	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment.	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	271	...	2	...
SKIN :—				
Ringworm :				
Scalp	10	...	56	...
Body	5	...	24	...
Scabies	3	...	15	...
Impetigo	53	...	87	...
Other Diseases (Non-Tuberculous)	53	6	104	...
EYE :—				
Blepharitis... ..	51	...	28	...
Conjunctivitis	11	...	16	...
Keratitis	3	...	12	...
Corneal Opacities	...	...	...	...
Defective Vision	182	3	91	3
Squint	52	...	12	...
Other conditions	9	5	20	8
EAR :—				
Defective Hearing	11	12	13	19
Otitis Media	23	...	51	...
Other Ear Diseases	...	2	26	1
NOSE AND THROAT :				
Enlarged Tonsils	2	92	15	34
Adenoids	1	8	14	6
Enlarged Tonsils and Adenoids	...	...	12	...
Other conditions	169	77	19	53
Enlarged Cervical Glands (Non-Tuberculous)	...	393	...	10
Defective Speech	...	16	...	6
Teeth—Dental Diseases	811	...	48	...
HEART AND CIRCULATION :—				
Heart Disease :				
Organic	...	200	...	33
Functional	...	...	...	...
Anæmia	...	57	...	34
LUNGS :—				
Bronchitis	67	...	23	...
Other Non-Tuberculous Diseases	4	85	8	25
Totals carried forward ...	1796	956	696	232

TABLE 2—continued.

Defect or Disease (1)	Routine Inspections		Specials	
	No. of Defects.		No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Totals brought forward ...	1796	956	696	232
TUBERCULOSIS :—				
Pulmonary :				
Definite ...	1	...	3	...
Suspected ...	...	2	8	10
Non-Pulmonary :				
Glands ...	...	...	3	1
Spine ...	...	..	...	2
Hip ...	...	...	...	...
Other Bones and Joints ...	1	1	...	...
Skin ...	...	...	...	...
Other forms ...	...	1	2	2
NERVOUS SYSTEM :—				
Epilepsy ...	...	1	2	9
Chorea ...	...	3	2	12
Other Conditions ...	1	3	...	6
DEFORMITIES :				
Rickets ...	7	48	1	2
Spinal Curvature ...	4	7	3	4
Other Forms ...	3	19	6	4
Other Defects and Diseases ...	17	171	220	191
Totals ...	1830	1212	946	475

B. Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group 1	Number of Children		Percentage of Children found to require treatment 4
	Inspected 2	Found to require treatment 3	
Code Groups :			
Entrants	947	214	22
Intermediates	742	173	23
Leavers	992	146	14
Total (code groups) ...	2681	533	19
Other routine inspections	860	162	18

TABLE 3.

Return of all Exceptional Children in the area required each year by the Board of Education.

		Boys	Girls	Total
Blind (including partially blind)—				
(1) Totally Blind	Attending certified School or class for Blind ...	1	1	2
	„ Public Elementary Schools ...	...	...	...
	At other Institutions ...	...	...	...
	„ no School or Institution ...	1	1	2
(2) Partially Blind	Attending certified School or class for Blind ...	...	...	...
	„ Public Elementary Schools ...	6	7	13
	At other Institutions ...	...	...	...
	„ no School or Institution ...	...	...	...
Deaf (including deaf and dumb and partially deaf)—				
(1) Totally Deaf	Attending certified School or class for Deaf ...	3	1	4
	„ Public Elementary Schools ...	...	...	...
	At other Institutions ...	...	...	...
	„ no School or Institution ...	...	...	...
(2) Partially Deaf	Attending certified School or class for Deaf ...	...	...	...
	„ Public Elementary Schools ...	5	6	11
	At other Institutions ...	...	...	...
	„ no School or Institution ...	...	...	...
Mentally Defective—				
(1) Feeble-minded (cases not notifiable to the Local Control Authority).	Attending certified School for Mentally Defective Children ...	...	...	...
	„ Public Elementary Schools ...	46	29	75
	At other Institutions ...	...	...	...
	„ no School or Institution ...	18	9	27
(2) Notified to the Local Control Authority during the year	Feeble-minded ...	...	...	...
	Imbeciles ...	...	...	...
	Idiots ...	...	...	...
Epileptics—				
(1) Severe Epilepsy	Attending certified Special Sch'ls for Epileptics ...	...	...	...
	In Institutions other than certified Special Schools ...	...	...	...
	Attending Public Elementary Schools ...	6	2	8
	At no School or Institution ...	...	...	...
(2) Mild Epilepsy	Attending Public Elementary Schools ...	6	4	10
	At no School or Institution ...	...	...	...

TABLE 3—continued.

		Boys	Girls	Total
Physically Defective—				
(1) Infectious Pulmonary and Glandular Tuberculosis	At Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
	At other Institutions ...	...	...	...
	At no School or Institution ...	2	4	6
(2) Non-Infectious but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
	„ Certified Residential Open-Air Schools ...	...	...	...
	„ Certified Day Open-Air Sch'ls	...	...	...
	„ Public Elementary Schools ...	8	8	16
	„ other Institutions ...	...	...	...
	„ no School or Institution ...	...	...	...
(3) Delicate Children (Latent Tuberculosis, Malnutrition, Anæmia, Debility)	At Certified Residential Open-Air Schools ...	...	...	...
	„ Certified Day Open-Air Sch'ls	...	...	...
	„ Public Elementary Schools ...	61	63	124
	„ other Institutions ...	...	...	...
	„ no School or Institution ...	20	25	45
(4) Active Non-Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	...	...	...
	„ Public Elementary Schools ...	2	1	3
	„ other Institutions ...	...	...	...
	„ no School or Institution ...	...	...	...
(5) Crippled Children (Paralysis, Severe Heart Disease, etc.)	At Certified Hospital Schools ...	...	...	...
	„ Certified Residential Cripple Schools ...	...	...	...
	„ Certified Day Cripple Schools	...	...	...
	„ Public Elementary Schools ...	33	24	57
	„ Other Institutions ...	...	...	...
	„ no School or Institution ...	12	8	20

TABLE 4.

Return of Defects Treated during the year ended 31st December, 1925.

TREATMENT TABLE.

Group 1. Minor Ailments (excluding Uncleanliness, for which see Group 5).

Disease or Defect.	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN :—			
Ringworm—Scalp	10	...	10
Ringworm—Body	26	...	26
Scabies	2	...	2
Impetigo	82	...	82
Other Skin Diseases	6	...	6
Minor Eye Defects (external and other, but excluding cases falling in Group 2)	40	...	40
Minor Ear Defects	75	...	75
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc)....	305	...	305
Total	546	...	546

The number of attendances at the Minor Ailment Clinic during 1925 was 5215.

Group 2. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group 1).

Defect or Disease,	Number of defects dealt with			
	Under Authority's Scheme	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
1	2	3	4	5
Errors of Refraction (including Squint)	353	...	...	353
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	...	...	...	...
Total	353	...	...	353

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	198
(b) Otherwise	...	...	—

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	...	...	190
(b) Otherwise	...	...	—

The number of attendances at the Eye Clinic during 1925 was 744.

Group 3. Treatment of Defects of Nose and Throat. Number of Defects:—

Under the Authority's Scheme in Clinic or Hospital (1)	Received Operative Treatment By Private Practitioner or Hospital apart from the Authority's Scheme		Received other forms of treatment (4)	Total number treated (5)
	(2)	Total (3)		
—	35	35	—	35

Group 4. Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Routine Age Groups.

Aged 5	...	...	160
6	...	...	219
7	...	...	311
8	...	...	441
9	...	...	434
10	...	...	600
11	...	...	636
12	...	...	504
13	...	...	517
14	...	...	242
Total			4064
Specials			5
Grand Total			4069

(b) Found to require treatment	...	...	...	3262
(c) Actually treated	...	...	...	1755
(d) Re-treated during the year as the result of periodical examination	...	...	...	150
(2) Half days devoted to:—				
Inspection	...	...	...	22
Treatment	...	...	...	241
Total	...	...	...	263
(3) Attendances made by children for treatment	...			1807
(4) Fillings:—				
Permanent Teeth	...	...	...	723
Temporary Teeth	...	...	...	7
Total	...	...	...	730
(5) Extractions:—				
Permanent Teeth	...	...	...	341
Temporary Teeth	...	...	...	3474
Total	...	...	...	4056
(6) Administrations of General Anæsthetics for Extractions	...	...	...	60
(7) Other Operations:—				
Permanent Teeth	...	...	...	161
Temporary Teeth	...	...	...	148
Total	...	...	...	309

Group 5. Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	...	...	...	4
(2) Total number of examinations of children in the Schools by the School Nurses	...	...	...	32811
(3) Number of individual children found unclean	...			1858
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...		—
(5) Number of cases in which legal proceedings were taken:—				
(a) Under the Education Act, 1921	...	...		—
(b) Under School Attendance Bye-laws	...			—

SUPPLEMENTARY TABLE A.

GIRLS.

Chesterfield, 1925 and 1924.						Derbyshire 1915.				England and Wales, 800,000 Average of observations		
Number Examined	Age	Av. height in inches		Av. Weight in lbs.		Number Examined	Age	Height	Weight	Age	Height	Weight
		1925	1924	1925	1924							
69	4	40.23	39.98	38.69	36.89	543	4	37.45	34.69	4	38.38	34.98
339	5	41.7	41.14	39.05	37.87	3247	5	40.05	37.18	5	40.44	37.73
362	8	44.84	47.81	51.06	50.87	4781	8	47.53	51.55	8	46.94	49.55
338	12	55.19	54.89	71.47	74.07	3266	12	55.45	77.32	12	55.48	73.86
101	13	56.34	57.57	78.82	80.01	312	13	56.37	79.35	13	56.81	80.37

BOYS.

74	4	40-14	39-41	38.28	38.16	585	4	39.27	36.84	4	38.63	35.77
393	5	41.31	42-04	39.72	38.16	3206	5	41.41	38.62	5	40.68	38.68
412	8	43.9	46-52	48.28	51.73	4825	8	48.24	52.55	8	47.39	52.0
352	12	54-84	55-78	73.16	72.28	3525	12	54.87	71.42	12	54.88	72.66
131	13	56-49	57-42	79.71	78.8	338	13	55.46	73.21	13	56.07	77.4

SUPPLEMENTARY TABLE B.
Defects in Vision.

School	Number Examined	Normal	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	Blind	Total Defect- ive	Percent Defect- ive
Central ...	114	109	...	...	5	...	...	...	5	4.3
Derby Road ...	196	183	9	2	...	...	2	...	13	6.6
New Whittington ...	118	104	9	3	...	...	2	...	14	11.9
Brushes ...	25	21	4	...	...	...	...	...	4	16.0
Newbold C. of E. ...	54	53	1	...	...	...	...	...	1	1.8
St. Thomas' ...	72	65	2	2	2	1	...	...	7	9.7
Spital ...	...	...	...	...	...	...	...	...	...	...
Whittington Moor ...	212	199	9	2	...	...	2	...	13	6.1
Hasland Eyre Street ...	56	54	1	1	...	...	...	...	2	3.5
Old Whittington ...	86	71	8	3	2	...	2	...	15	17.4
St. Helen's ...	110	101	7	...	2	...	...	...	9	8.1
Hasland C. of E. ...	74	67	4	1	...	...	2	...	7	9.4
Edmund Street ...	56	53	2	1	...	...	...	...	3	5.3
Newbold Moor ...	68	52	12	3	1	...	...	...	16	23.5
Brampton ...	269	251	11	2	...	...	5	...	18	6.6
Old Road ...	114	98	12	2	...	...	2	...	16	14.0
Victoria ...	44	43	1	...	...	...	...	...	1	2.2
Soresby Street ...	27	26	...	...	...	...	1	...	1	3.7
Christ Church ...	35	26	7	2	...	...	...	...	9	25.7
St. Mary's ...	75	63	8	3	...	...	1	...	12	16.0
Hipper Street ...	96	80	6	...	7	...	3	...	16	16.6
1901	1719	113	27	19	1	22	...	...	182	9.5

SUPPLEMENTARY TABLE C.
Cases Attending the Clinic.

Diseases	No. of Cases		No. of Attendances	
	1925	1924	1925	1924
Contagious Diseases :				
Ringworm ...	76	80	132	217
Impetigo ...	62	100	106	175
Other ...	13	28	32	52
Tubercular Diseases :				
Pulmonary ...	3	9	4	11
Other ...	6	3	13	9
Infectious Diseases :				
Sore Throat... ..	38	11	79	41
Other ...	103	20	108	40
Nervous Diseases ...	5	24	11	31
Diseases of Circulation	27	16	58	29
Diseases of the Eye ...	105	199	177	327
Diseases of the Ear ...	75	72	105	104
Deformities ...	10	8	13	23
Other Skin Diseases ...	69	94	73	224
Miscellaneous :				
Debility ...	61	42	96	62
Bronchitis ...	29	13	48	25
Unclean Head ...	78	89	127	198
Rheumatism ...	12	7	21	20
Nil abnormal ...	214	—	77	—
Other... ..	376	381	672	543
Totals ...	1362	1196	2152	2131

SUPPLEMENTARY TABLE D.

Infectious Diseases Notified by School Teachers and
Attendance Officers.

School	Measles	Scarlet Fever	Chicken pox	Mumps	Whoop, Cough	Diph- theria	Scabies	Total
Central ...	...	...	...	...	...	...	...	...
Derby Road ...	20	2	...	...	...	...	...	22
New Whittington	27	...	...	...	25	...	...	52
Brushes ...	1	2	52	3	31	...	...	89
Newbold C. of E.	...	...	...	...	...	...	...	...
St. Thomas' ...	1	...	...	...	...	...	...	1
Spital ...	...	...	9	1	...	1	...	11
Whittington Moor	...	...	...	...	...	...	...	...
Hasland C. of E.	...	...	...	...	...	...	...	...
Old Whittington	...	...	...	...	...	...	...	...
St. Helen's Street	17	...	1	...	3	...	...	21
Hasland Eyre St.	...	...	...	...	...	...	...	...
Edmund Street	...	...	...	...	...	...	...	...
Newbold Moor	...	...	...	...	1	...	...	1
Brampton ...	...	...	...	...	...	...	...	...
Old Road ...	60	...	5	...	...	...	...	65
Victoria ...	1	...	1	7	...	...	...	9
Soresby Street	...	...	...	...	...	...	...	...
Christ Church	2	...	...	...	...	...	...	2
St. Mary's ...	...	...	4	11	8	...	...	23
Hipper Street	6	...	24	49	1	...	...	80
	135	4	96	71	69	1	...	376

SUPPLEMENTARY TABLE E.

Intelligence of Children—Very Superior, Superior, Average, Inferior and Very Inferior, as Estimated by the Teachers.

School	BOYS						GIRLS						TOTAL								
	No. Exd.	Very Super.	Super.	Average	Inferior	Very Inferior	No. Report	No. Exd.	Very Super.	Super.	Average	Inferior	Very Inferior	No. Report	No. Exd.	Very Super.	Super.	Average	Inferior	Very Inferior	No. Report
Central ..	175	..	15	151	6	..	3	130	..	11	109	8	1	1	305	..	26	260	14	1	4
Derby Road ..	220	..	5	197	18	..	..	189	..	12	143	30	2	1	409	..	17	340	48	2	1
New Whittington ..	98	..	15	76	7	..	..	103	..	4	93	6	..	..	201	..	19	169	13	..	..
Brushes ..	44	..	..	25	8	5	6	32	..	..	13	15	1	3	76	..	..	38	23	6	9
Newbold C. of E. ..	52	..	2	46	3	1	..	28	..	1	25	2	..	..	80	..	3	71	5	1	..
St. Thomas' ..	75	6	5	48	14	1	1	71	2	6	48	12	2	1	146	8	11	96	26	3	2
Spital ..	19	..	..	17	1	..	1	10	..	1	6	2	..	1	29	..	1	23	3	..	2
Whittington Moor ..	160	2	28	100	30	..	..	172	..	11	142	17	..	2	332	2	39	242	47	..	2
Hasland, Eyre St. ..	90	..	..	82	6	..	2	74	..	..	73	1	..	..	164	..	..	155	7	..	2
Old Whittington ..	66	..	8	34	9	11	4	71	1	8	47	13	2	..	137	1	16	81	21	13	4
St. Helen's ..	87	..	4	71	12	..	..	92	7	23	43	15	1	3	179	7	27	114	27	1	3
Hasland C. of E. ..	42	5	7	26	4	..	..	36	1	9	21	5	..	..	78	6	16	47	9	..	..
Edmund Street ..	39	..	6	27	6	..	..	96	..	4	90	1	..	1	135	..	10	117	7	..	1
Newbold Moor ..	73	..	10	33	25	5	..	—	..	..	..	..	..	..	73	..	10	33	25	5	..
Brampton ..	253	..	25	149	27	5	47	169	..	21	126	17	2	4	422	..	46	275	44	7	51
Old Road ..	131	..	8	58	25	4	36	105	1	8	54	16	..	26	236	1	16	112	41	4	62
Victoria ..	23	..	9	12	2	..	..	104	2	18	65	17	2	..	127	2	27	77	19	2	..
Soresby Street ..	41	..	1	35	5	..	..	6	..	..	5	..	..	1	47	..	1	40	5	..	1
Christ Church ..	32	2	10	18	2	..	..	32	..	3	24	5	..	..	64	2	13	42	7	..	..
St. Mary's ..	61	..	..	54	4	3	..	61	2	17	38	4	..	..	122	2	17	92	8	3	3
Hipper Street ..	97	..	5	79	12	..	1	69	..	7	44	15	1	2	166	..	12	123	27	1	..
Settlement ..	5	..	..	3	1	1	..	8	..	..	6	1	1	..	13	..	..	9	2	2	..
	1883	15	163	1331	227	46	101	1658	16	164	1215	202	15	46	3541	31	327	2546	429	61	147

